



**Office of the Registrar**  
 One Baylor Plaza  
 Mail Stop: BCM365  
 Houston, Texas 77030  
**Phone:** (713) 798-7766  
**Fax:** (713) 798-1518  
**Email:** [registrar@bcm.edu](mailto:registrar@bcm.edu)

**OFFICE OF THE REGISTRAR - ELECTIVE REGISTRATION FORM**

<b>STEP 1</b>	<p><b>Away Electives:</b> At least <b>6 WEEKS</b> before the anticipated start date of your elective: Fill out this form in its entirety <b>AND</b> attach a <b>Detailed Elective Description</b> and <b>Approval Notification</b> from the Host Institution.</p> <p><b>International Electives:</b> At least <b>6 WEEKS</b> before the anticipated start date of your elective: Fill out this form in its entirety <b>AND</b> attach a <b>Detailed Elective Description</b> and <b>Approval Notification</b> from the Host Institution.</p> <p><b>*In Addition:</b> Students <b>MUST ATTACH</b> all required <i>International Elective Forms (International Travel Policy in Student Handbook)</i> <a href="https://www.bcm.edu/education/schools/medical-school/md-program/curriculum/elective-program-baylor-medical-student">https://www.bcm.edu/education/schools/medical-school/md-program/curriculum/elective-program-baylor-medical-student</a></p> <p><b>Non-Clinical Electives:</b> At least <b>4 WEEKS</b> before the start of your elective: fill out this form completely; be sure to attach the goals, objectives, and detailed description.</p>
<b>STEP 2</b>	<p>Submit the signed form and all necessary documentation to <a href="mailto:Gabriella.Gonzalez@bcm.edu">Gabriella.Gonzalez@bcm.edu</a>. Your form will be reviewed, and you will be contacted if any revisions are needed.</p>
<b>STEP 3</b>	<p>Wait for an email confirmation from the Office of the Registrar indicating that your elective registration has been approved.</p>
<b>STEP 4</b>	<p>After your elective ends it is your responsibility to make sure that your elective is graded. The grading procedures are outlined below:</p> <p><b>Away &amp; International Electives:</b> All extramural electives (AWAY) are graded via E*Value.</p> <p><b>Non-Clinical Electives:</b> Email the Evaluation Form to your teaching faculty for grading.</p>

**PLEASE NOTE:**

- 40 hours per week are required to receive one elective credit.
- No retroactive credit will be granted for any electives.
- All electives must fall between 2 to 4 weeks in length.
- Students must follow the deadlines outlined above in Step 1.



OFFICE OF THE REGISTRAR - ELECTIVE REGISTRATION FORM

Students must print the form & follow the directions below. Official registration REQUIRES signatures. Students MUST obtain the appropriate signature(s) & submit form with completed documentation to the Office of the Registrar.

STUDENT INFORMATION

Form with fields: BCM ID #: (I.E. 123456), CLASS: (I.E. MS2, MS3, MS4), BCM EMAIL, FIRST NAME, LAST NAME

COURSE INFORMATION (Enter the information pertaining to the elective course)

SELECT ONE: [ ] BCM [ ] VSAS [ ] NON-VSAS [ ] INTERNATIONAL [ ] OTHER: \_\_\_\_\_

AWAY ELECTIVE (VSAS & NON-VSAS AWAY Electives)

[ ] AWAY CLINICAL [ ] AWAY NON-CLINICAL RESEARCH

Form with fields: DEPT: (I.E. Medicine, Radiology, etc.), DESCRIPTION/ELECTIVE TITLE, START DATE: (I.E. MM/DD/YY), END DATE: (I.E. MM/DD/YY), MEDICAL SCHOOL OR FACILITY NAME/CITY, STATE, FACULTY NAME, FACULTY E-MAIL, COORDINATOR CONTACT, COORDINATOR E-MAIL

REQUIRED: [ ] DETAILED ELECTIVE DESCRIPTION (Attach) [ ] NOTIFICATION OF APPROVAL/ACCEPTANCE (Attach)

STUDENT AFFAIRS DEAN APPROVAL: \_\_\_\_\_ (Office of the Registrar obtains Dean's Signature)

INTERNATIONAL ELECTIVE: MUST ATTACH all required International Elective Forms (International Travel Policy in Student Handbook)

[ ] INTERNATIONAL CLINICAL [ ] INTERNATIONAL NON-CLINICAL

Form with fields: DEPT: (I.E. Medicine, Radiology, etc.), DESCRIPTION/ELECTIVE TITLE, START DATE: (I.E. MM/DD/YY), END DATE: (I.E. MM/DD/YY), MEDICAL SCHOOL OR FACILITY NAME/CITY, STATE, FACULTY NAME, FACULTY E-MAIL, COORDINATOR CONTACT, COORDINATOR E-MAIL

REQUIRED: [ ] DETAILED ELECTIVE DESCRIPTION (Attach) [ ] NOTIFICATION OF APPROVAL/ACCEPTANCE (Attach)

STUDENT AFFAIRS DEAN APPROVAL: \_\_\_\_\_ (Office of the Registrar obtains Dean's Signature)

BCM NON-CLINICAL ELECTIVE (Electives not listed on the elective portals)

[ ] NON-CLINICAL ADVANCED [ ] NON-CLINICAL RESEARCH Elective Course # \_\_\_\_\_ (I.E. MEMED 503)

Form with fields: DEPT: (I.E. Medicine, Radiology, etc.), DESCRIPTION/ELECTIVE TITLE, START DATE: (I.E. MM/DD/YY), END DATE: (I.E. MM/DD/YY), COORDINATOR CONTACT, COORDINATOR E-MAIL

REQUIRED: [ ] DETAILED ELECTIVE DESCRIPTION (Attach) [ ] GOALS & OBJECTIVES OF THE ELECTIVE (At Least 3; Attach)

FACULTY APPROVAL SIGNATURE: (Page 3) ASSOCIATE DEAN OF CURRICULUM: \_\_\_\_\_ (Office of the Registrar obtains Dean's Signature)



**OFFICE OF THE REGISTRAR - ELECTIVE REGISTRATION FORM  
SIGNATURES & AGREEMENTS**

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**FACULTY AGREEMENT - BCM ELECTIVES** *(Electives with Baylor Faculty not in the BCM catalog)*

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**FACULTY:** I have accepted this student for an elective under my supervision. I will ensure that the student has a well-defined curriculum that supports the goals and objectives as defined in the course description. I understand that the student must spend at least 40 hours per week under supervision in order to receive elective credit.

I agree to submit an evaluation of the student’s work at the completion of the elective experience to the Office of the Registrar of Baylor College of Medicine. I agree that I will submit the student’s evaluation within 4 weeks of the completion of the elective.

**FACULTY NAME:** \_\_\_\_\_ **FACULTY DEPARTMENT:** \_\_\_\_\_  
*(Please Print)* *(I.E. General Medicine, Radiology, etc.)*

**BCM EMAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FACULTY SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**STUDENT AGREEMENT** *(Required for all Elective Types)*

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I will NOT be under the direct supervision of any family members or individuals with whom I have a personal relationship. I will spend at least 40 hours per week on rotation in order to receive the necessary elective credits.

If taking an Away or International Elective: I have reviewed the Host Institution’s grading system and understand that I will be assigned a grade based on what is reported from that institution.

I attest that my elective choices have been advised and approved by an LC Advisor, Specialty Mentor, or a Dean of Student Affairs.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**OFFICE OF THE REGISTRAR**

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Received \_\_\_\_\_ Dept. \_\_\_\_\_ Section \_\_\_\_\_ Processed \_\_\_\_\_ Student Notified \_\_\_\_\_