OFFICE OF THE REGISTRAR - ELECTIVE REGISTRATION FORM

**Away Electives:** At least **6 WEEKS** before the anticipated start date of your elective:
Fill out this form in its entirety AND attach a Detailed Elective Description and Approval Notification from the Host Institution.

**International Electives:** At least **6 WEEKS** before the anticipated start date of your elective:
Fill out this form in its entirety AND attach a Detailed Elective Description and Approval Notification from the Host Institution.

*In Addition:* Students **MUST ATTACH** all required International Elective Forms (International Travel Policy in Student Handbook) [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)

**Non-Clinical Electives:** At least **4 WEEKS** before the start of your elective: fill out this form completely; be sure to attach the goals, objectives, and detailed description.

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**STEP 1**

Submit the signed form and all necessary documentation to Gabriella.Gonzalez@bcm.edu. Your form will be reviewed, and you will be contacted if any revisions are needed.

**STEP 2**

Wait for an email confirmation from the Office of the Registrar indicating that your elective registration has been approved.

**STEP 4**

After your elective ends it is your responsibility to make sure that your elective is graded. The grading procedures are outlined below:

**Away & International Electives:** All extramural electives (AWAY) are graded via E*Value.

**Non-Clinical Electives:** Email the Evaluation Form to your teaching faculty for grading.

**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

<table>
<thead>
<tr>
<th>BCM ID #: (I.E. 123456)</th>
<th>CLASS: (I.E. MS2, MS3, MS4)</th>
<th>BCM EMAIL:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST NAME:</td>
<td></td>
<td>LAST NAME:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>DEPT: (I.E. Medicine, Radiology, etc.)</th>
<th>DESCRIPTION/ELECTIVE TITLE:</th>
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<tbody>
<tr>
<td>FACULTY NAME:</td>
<td>FACULTY E-MAIL:</td>
</tr>
<tr>
<td>COORDINATOR CONTACT:</td>
<td>COORDINATOR E-MAIL:</td>
</tr>
</tbody>
</table>

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

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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)

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<td>COORDINATOR E-MAIL:</td>
</tr>
</tbody>
</table>

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

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

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: ________________________

STUDENT AGREEMENT (Required for all Elective Types)

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: ________________________

OFFICE OF THE REGISTRAR

Received ________ Dept. ________ Section ________ Processed ________ Student Notified ________