



Independent Study Elective Form

Forms must be typed and submitted via email to records@med.wayne.edu or mailed/dropped off in person to WSU School of Medicine|Richard Mazurek Education Commons|320 E Canfield Suite 318|Detroit, MI 48201. Forms must be received at least 45 days prior to the start of the requested rotation.

Date: _____

Requested Month/Year: _____

Student Name: _____ Banner ID _____ Class of: _____

Title of Proposed Elective: _____

Preceptor: _____ Department/Subspecialty: _____

Complete Address: _____

Email to send Evaluation: _____ Faculty Appointment (Institution): _____

STUDY PLAN (please attached extra page(s) if needed)

Subject: _____ Course Number: _____

Objective(s): _____

Detailed Description of Proposed Independent Study or Research Plan (include work hours, days/weeks, calls/month, etc.): _____

Planned Resources (books, online modules, databases, curriculum, etc.): _____

Evaluation Method (written/oral exam, paper, clinical, etc.): _____

Report of work is required; abstract/research report or clinical experience report: _____

Student Signature: _____ Date: _____

I agree to supervise this medical student for this Independent Study Course to assist them in reaching the stated objectives using the plan, resources and evaluation methods as described above. I agree to submit an online evaluation within 14 days of the elective completion when notified at the above address.

Preceptor's Signature: _____ Date: _____

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Documentation from Preceptor **RECEIVED**: YES: _____ NO: _____

Approved Assistant Dean for Clinical Education: _____ Date: _____

Follow-up: _____ Evaluation Received: _____ Report of Work Received: _____