Geisel School of Medicine at Dartmouth
Away and Non-established Elective and Sub-Internship Application

Before you begin your application, have the following information available:
• Sponsor Contact Information
• Approval Confirmation
• Course Description
• Learning Objectives
• Method of Instruction
• Method of Evaluation
• International Release Form (if international)

IMPORTANT: To receive credit and to be covered by liability insurance your application must be submitted 4 weeks before the start date of the elective or sub-internship. Credit will not be awarded for electives or sub-internships taken prior to submission and approval of this Application.

Directions: 1) Complete Sections 1 through 5 of Application
2) Asterisk indicates required information
3) Submit application to the Registrar’s Office. You will receive an email after your application is reviewed.

Section 1: Student and Elective/Sub-Internship Information

<table>
<thead>
<tr>
<th>Student Name (print first, middle initial, last name)*</th>
<th>Class Year*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YR 3</td>
</tr>
<tr>
<td></td>
<td>YR 4</td>
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<tr>
<td>Graduation Year*</td>
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</tbody>
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Student Email Address*                    Student Phone Number*

Dates of Elective/Sub-Internship: 
Start Date* to End Date*  # of Weeks*  # of Credits*  
(40 hours = 1 credit)

Elective/Sub-internship Name*:
The Registrar’s Office will determine the final name of the elective/sub-internship

Rotation Type* (check one): 
☐ Clinical Elective
☐ Non-Clinical Elective
☐ Sub-Internship

Is this an International Elective/Sub-Internship?*
☐ No
☐ Yes, you MUST complete the International Release Form available under Forms on the Registrar’s website

Section 2: Faculty Sponsor Information

<table>
<thead>
<tr>
<th>Faculty Sponsor Name*</th>
<th>Faculty Sponsor Email Address*</th>
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Institution*                          Department*  

Address Line 1*                       Telephone*  

Address Line 2                        Fax

City*                                 Program/Department Coordinator Name
Section 3: Approval from Faculty Sponsor or Institution
Approval documentation is required. Select the type of approval and provide a copy of your VSAS confirmation or approval letter/email from the faculty sponsor or institution.

Type of Approval (indicate one):* ○ VSAS ○ Letter/Email (faculty sponsor or institution)

Section 4: Student Performance Evaluation

Name of Evaluation Recipient:* __________________________________________________________

Evaluation Recipient Email Address:* ______________________________________________________

Section 5: Detailed Away and Non-established Elective/Sub-internship Information
In order to obtain approval for your elective, you must provide all the information as described in A through D. In addition, you may also include a copy of the course information provided by your faculty sponsor or host institution as supplemental information.

Tip: In general, you should work with your sponsor to develop the following information. Electives and sub-internships taken at other institutions may provide you with all the required information (see A-D below) on their website. Your application will not be reviewed/approved if the information you provide is incomplete.

A-D: Elective/Sub-Internship Detailed Course Information (you may provide this information on a separate page)

A) Course Description:*

B) Course Learning Objectives:*

C) Methods of Student Instruction:*

D) Methods of Student Evaluation (indicate an end product if reading or research elective):*