DREXEL UNIVERSITY COLLEGE OF MEDICINE
Away Elective Approval Form

STUDENT INFORMATION

DATE:	E-MAIL:
NAME:	PHONE #:
SIGNATURE:	CURRENT PATHWAY:

AWAY INSTITUTION INFORMATION - COURSE and COURSE DIRECTOR (REQUIRED)

INSTITUTION	
COURSE TITLE	
COURSE DESCRIPTION **URL REQUIRED**	**URL for specific course description must be emailed to ClinicalEducation@drexel.edu**
START & END DATES	
COURSE DIRECTOR	
ADDRESS	
COURSE DIRECTOR EMAIL	
TELEPHONE #	
FAX #	

(Coordinator information, if available, may enable Drexel to obtain your evaluation faster)

COURSE COORDINATOR	
COURSE COORDINATOR EMAIL	
TELEPHONE #	
FAX #	

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Return form to:
Drexel University College of Medicine
Division of Clinical Education
60 N. 36th St, Room 10E10
Philadelphia, PA 19104
clinicaleducation@drexel.edu