

## STUDENT SENIOR SCHEDULE (for Special Elective Request)

<b>Student's Name (print)</b>	
<b>Pathway</b>	

**Please complete to include *Scheduled, Pending* and *Planned* rotations**

MUST REPRESENT A COMPLETE 4th YEAR SCHEDULE						Check One	
Block or Start Dates	Course Title	Course Type (a,b,c,d,e)*	Home or Away	# of weeks	# of credits	Scheduled	Pending/ Planned/ Not Scheduled
Example: Block 1: 7/1/07	PEDS8504S650 Pediatric Sub-I	A	H	4	4	X	

\*A=Direct patient care; B=Patient care related; C=Teaching, non-patient care related; D=Research; E=Scholarship  
rev. 2/16/2024