DREXEL UNIVERSITY COLLEGE OF MEDICINE
Program Application for New Senior Year Elective or For Elective Review

(Please note: this form must be used for new courses only.)

ALL INFORMATION MUST BE LEGIBLE

Date:

Department:	
Specialty/Subspecialty:	
Course Title:	
Proposed Course # (if known):	

Course Director:	**Course Director e-mail:**
	DrexelUserID:
Contact Person:	**Contact Person e-mail:**
Mailing Address:	**ContactTelephone #:**
	Contact Fax #:
Location of Rotation:	**Will accept visiting students?:** Yes ☐ No ☐
# Students Per Block:	**Junior Eligibility:** Yes ☐ No ☐
Duration of Rotation (# of weeks):	**Junior Pre-requisites:**
Block(s) not offered:	

Educational Information

Supporting Faculty:
Description of Course: *Overview of course*
Specific Goals: *List and number*
Specific Objectives: *List and number (Objectives should tie into skills and assessment)*
Learning Resources: (*e.g., Cardiac Noninvasive Laboratory, Cardiac Cath Ctr, 3 Intensive Care Units, Cardiac Rehabilitation Center; Didactic Lectures, Medical Library, Hospital Rounds*)

How Clinical Skills and Competencies will be Evaluated

Evaluator(s):	
Skills Assessed: *(e.g. Giving oral and written feedback, developing a teaching plan, etc.)*	
Evaluation Process: *(e.g. Bedside observations, case presentations, history and physicals, progress notes, etc.)*	
Method of Grading: Standard Drexel University College of Medicine Senior Evaluation Form	
Feedback to Students: Students will receive feedback at the midpoint of the rotation (verbal) and at the end of the rotation (verbal and written) in accordance with DUCOM policy.	
Feedback from Students: Students are required to provide feedback via DOCSS. Evaluations are blinded.	

Other Information

Location/Time:	
Student should report first day:	
Language Requirement:	
Special Requirements/Night Call:	
Room/Board Availability:	
Other Information:	
For further information on the content of this course, call:	
Name:	**Telephone:**
Fax#:	**Email:**

APPROVALS:

Clinical Site Approvals:	DUCOM Approvals:
Course Director	**Department Chairperson**
Department Chairperson	**Division of Clinical Education** (for completeness)
Director of Medical Education, *if appropriate*	**Phase 3 Clinical Curriculum Subcommittee**

Revised 3/14/2018

Clinical sites should return forms to: clinicaleducation@drexel.edu
Division of Clinical Education, 2900 Queen Lane, Philadelphia, PA 19129-1096.
Division will secure DUCOM approvals as appropriate.