STUDENT SENIOR SCHEDULE
(for Special Elective Request)

Student's Name (print)	
Pathway	

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	
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*A=Direct patient care; B=Patient care related; C=Teaching, non-patient care related; D=Research; E=Scholarship