



# MCG Off-Campus Elective Form

AU Medical College of Georgia – Curriculum Office  
Off-Campus (U.S.) Elective Add Form

Name \_\_\_\_\_ Student ID # \_\_\_\_\_ Date \_\_\_\_\_

Address (residence while on away rotation): \_\_\_\_\_

Cell # \_\_\_\_\_

Class of \_\_\_\_\_ Emergency Contact Name/Phone \_\_\_\_\_

Assigned Campus : *Augusta*    *Athens*    *NW*    *SE*    *SW*

**Please Choose One:**  
In-Person Elective  
Virtual Elective

Course \_\_\_\_\_ Course Dates \_\_\_\_\_

\_\_\_\_ (Please Initial) I have discussed this schedule change with my advisor & have received his/her approval to register for this off-campus elective experience

## Elective Information

(to be completed by the student)

Title \_\_\_\_\_

Site: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Univ Affiliation \_\_\_\_\_

Describe availability of Emergency Medical Services:

\_\_\_\_\_  
\_\_\_\_\_

Describe any additional support services you may need from the Curriculum Office before during or after the course.

\_\_\_\_\_

I have reviewed the MCG/AU Honor Code and have no concerns about violations: <http://www.augusta.edu/mcg/honor/honorcode.php>

I have reviewed the MCG policy on Supervision and Medical Student Scope of Practice

I have reviewed MCG policy regarding off-campus emergencies.

I have reviewed the elective for the possibility of Political Instability, Natural Disaster and Risk of Disease. Attach explanation of any concerns

PERSON RESPONSIBLE FOR EVALUATION:

\_\_\_\_\_

Phone: \_\_\_\_\_

Email : \_\_\_\_\_

TYPE OF ELECTIVE (Check One):

LCME accredited medical school

Non-LCME accredited medical school

Setting outside of a medical school

MCG COURSE # \_\_\_\_\_

ELECTIVE DATES \_\_\_\_\_

Student Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Please Attach to this Form:

\* Acceptance email or screenshot/printout from VSLO/VSAS

\* Elective description, including goals & objectives, expected responsibilities, and amount of supervision

\* If elective is in a non-LCME setting or outside of a medical school, please attach faculty/supervising physician's CV

**Please send this form and all attachments to the coordinator of the MCG Department that will be responsible for assigning a grade for this elective**

## MCG Departmental Approval

*I have reviewed the goals & objectives as well as the level & quality of supervision for the above described objective, and I agree that this course is appropriate for graduation credit.*

\_\_\_\_\_  
Department Chair or Designee

\_\_\_\_\_  
Date

## Curriculum Office Approval

*I have reviewed of the availability of emergency care, the possibility of natural disasters, potential for political instability, risk of exposure to disease, and potential for violations of the MCG Code of ethics, and I approve this elective.*

\_\_\_\_\_  
Curriculum Dean or Designee

\_\_\_\_\_  
Date