



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 : _____ CRN: _____

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