**NEWLY CREATED ELECTIVE**

**FOR UPSOM COURSE CATALOG**

**Medical School Elective (MSELCT)**

 **NAME**

 **CAMPUS/LOCATION**

 **Slots Available (per period)**

 **Visiting Students Accepted**

 **International Students Accepted**

 **Prerequisite**

 **Course Director**

 **Teaching Faculty**

 **Where to Report**

 **Contact Name**

 **Contact Phone**

 **Contact EMail**

 **Department Student Coordinator**

 **Special Permission Required**

 **Electronic Add/Drop Permitted**

 **Number of Wks Required To Add or Drop**

 **Course Created (date):**

**Notes:** Rationale and Need:

**Learning Objectives**:

**Description:**

Logistics And Educational Methods

Times And Venue

Evaluation

**Requirements:**

**Type of Clinical Experience:**

**Call Required**:

**Student Contact Hours**: Per day: Per week: