**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: