

**KECK SCHOOL OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA
YEAR III-IV SELECTIVE/ELECTIVE PETITION**

Name _____ Year of Graduation _____ Date Submitted _____

Mailing Address _____

Home Phone _____ Pager/Cell Phone _____ E-mail address _____

Title of clerkship _____

Dates of clerkship _____ # of weeks _____

Clerkship credit (check one) **Selective credit** _____ **Elective credit** _____

For elective **NOT** in Keck-USC catalogue, provide description of elective including weekly time schedule:

Name of Preceptor _____

Medical School Affiliation/Faculty Title _____

Hospital/Dept (include address) _____

NOTE: Petitions must be submitted six weeks prior to the beginning of each selective/elective. The signature of the preceptor is required for all selectives. The signature of both the preceptor and Keck faculty adviser is required for all electives. In addition the following documentation is required for electives:

- 1) Letter/email confirmation from off-campus sponsor
- 2) Course description/weekly schedule

Signature of Preceptor

Signature of Keck faculty adviser

RETURN **COMPLETED** PETITION TO MONIQUE ABEYTA (Office of Student Affairs), KAM 100-B,
FAX (323) 442-2663, NO LATER THAN SIX WEEKS PRIOR TO COMMENCEMENT OF
SELECTIVE/ELECTIVE.