



Special Project Form

Must be submitted to Office of Student Affairs for AWAB, AWAC, AWAD and UTMSH Special Project (Ad Hoc) Electives
Due 60 days prior to start of the elective (written explanation must accompany if less than 30 days)

Student Name _____

Begin Date _____

End Date _____

If dates change, student must notify Student Affairs

Title of Project _____

Medical School Clinical Appointment Yes No

Name of Evaluating Physician _____

If so, where _____

Physician's Institution, Department and Address _____

Course Description:

Objectives:

Student time commitment (must be at least 30 hours/week):

Method of Evaluation (i.e., examination, direct observation of clinical performance):

Comments:

I certify that the student will work at least 30 hours/week as part of this elective.

Course Director (Please Print)

Course Director's Signature

Office Location

Phone Number

UTMS Student Affairs Use Only:

Approved:

SPEC _____ AWAB 4001 _____

AWAC 4001 _____ AWAD 4001 _____

Asst./Assoc. Dean for Student Affairs

Date