M4 students may take a maximum of 4 away electives; student could be limited if they had any previous academic difficulty.

Each away elective must be a minimum of 4 full weeks in length (Monday – Friday) or 28 days (including weekends). Travel time to and from the elective is not considered part of the 28 days.

There are two locations that are exempt from the 4-week rule. They are UCLA and the University of Minnesota since these schools only offer 3-week electives. Students may only take two 3-week electives in toto, regardless of location.

If the elective begins in the middle of a month and concludes in the middle of the following month, the student must schedule vacation time around either side of these dates in order to enroll in the elective.

Students will submit one of the MCW away elective approval forms (VSAS, Non-VSAS or International Health) for each away/unlisted elective in which they intend to enroll. The completed forms should be submitted to the Registrar’s Office at the time of application to the course OR no later than a minimum of 2 months prior to starting the course. All forms being submitted require course descriptions and a clinical advisor’s signature. (Additionally, the International Health forms require Dr. Richard Holloway’s sign off.

Allow a minimum of one week for MCW to process the application; this could take longer at “peak” times (March - May).

Students must provide the Registrar’s Office with an acceptance letter from the program (minimum of 30 days prior to starting the rotation). The letter should include: student’s name, title of elective, start and end dates of the elective, name of the attending physician providing a grade, the physician’s telephone number and e-mail address and the course coordinator’s name, telephone number and e-mail address.

Students are responsible for delivering their evaluation form to the attending who will grade their performance. MCW will provide the student with a pre-printed evaluation form approximately 2 weeks prior to starting the elective.

Do not request permission from an MCW course to leave early or arrive late because you are participating in an away elective. MCW COURSES ARE A MONTH IN DURATION (first day to last day of month).

Students may NOT go away for the last month of their senior year.

It’s not advisable to be more than a short drive from Milwaukee in March because of the Match.

Working with a family member, friend or your physician is not allowed.

Students may not take more than 2 rotations in the same specialty (this includes MCW courses and away electives).

Students may not take more than 2 electives in research or more than 2 international electives.

Students are not allowed a pre-determined number of “sick or personal days” when taking an away elective.

Residency interviews should be conducted during your scheduled vacation time. Step 2 CK and CS should also be taken during vacation months.
VSAS (Visiting Student Application Service) Away Elective Approval Procedures

- Write your name and the beginning and ending date of your proposed elective on the form (must be at least 4 weeks in length).
- Provide the title for your first choice and any alternate choices in electives.
- Attach the course descriptions for each elective choice.
- Obtain your MCW clinical advisor’s approval signature, print his/her name and telephone number on the form.
- Submit the name of the VSAS host institution (including name, street address, city and state).
- Sign the form to authorize the release of your MCW transcript to VSAS. MCW will scan and attach it to your VSAS application.
- If you have supplemental documents for the Registrar’s Office to upload into VSAS on your behalf, list the document(s) on the approval form. (Example: Please upload the enclosed letter of recommendation from Dr. James L. Sebastian.) Don’t forget to include these documents when you drop off the approval form.
- Enter your email address (you will receive an email notification when your application has been electronically released by MCW).
- List a pager number (in case we need to ask any questions or run into problems with the application)

Notification of Acceptance to a Program

Once you have been accepted through VSAS for a visiting student elective (or no less than 30 days prior to starting), the Office of the Registrar must receive a confirmation of acceptance from the program. It can be sent via e-mail to psindberg@mcw.edu, faxed to (414) 955-0117 or sent in a letter through the U.S. Mail to Patti Sindberg, Office of the Registrar, Medical College of Wisconsin, 8701 Watertown Plank Road, Milwaukee, WI 53226.

The confirmation must contain the following information (see sample below):

Your Name: Jane Doe
Title of Elective: Cardiology Consults #MED-401D
Location of Elective: Loyola University-Maywood, IL
Beginning and Ending Dates: August 4 – August 29, 2014
Name of Attending Physician: John F. Moran, M.D. (Responsible for grading you)
Attending Physician’s Email: jfmoran@lumc.edu
Attending Physician’s Telephone #: (708) 216-4833
Name of Course Coordinator: Debi Kurcab
Course Coordinator’s Email: dkurcab@lumc.edu
Course Coordinator’s Telephone #: (708) 216-4813
Elective Approval Form

Student Name: ________________________________

Dates of Elective: __________ to __________

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**Attach the course description for each away elective choice listed below.**

<table>
<thead>
<tr>
<th>Elective Title</th>
<th>Choice #1</th>
<th>Alternate Choice #2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Elective Title</th>
<th>Alternate Choice #3</th>
<th>Alternate Choice #4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MCW Clinical Advisor Signature**

**Advisor’s Name (printed)**

**Advisor’s Telephone Number**

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**I am making application to the following VSAS host institution:**
(Please provide a complete address below.)

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**VSAS Transcript Request**

My signature below represents my approval to release my MCW transcript to VSAS.

(________________________)  
(Student authorization signature)

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**I have provided supplemental documents for the Registrar’s Office to upload into VSAS on my behalf.** (Please list the documents on the line below).

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My email address is: ________________________________

My pager # is: ________________________________

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FOR OFFICE USE ONLY

MCW Application received  Applied in VSAS  Application released  E-mailed student  Accepted