AWAY/UNLISTED ELECTIVE GUIDELINES  
(VSAS, Non-VSAS and Global Health)

**DO**

- 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 total, regardless of location.

- If the away elective course dates overlap with MCW dates, students will schedule vacation 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 Global 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 program OR no later than a minimum of 2 months prior to starting the elective. All forms being submitted require course descriptions and a clinical advisor’s signature. (Additionally, the Global Health form requires additional screening and sign-off by the Associate Dean for Student Affairs.)

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

- Students will provide the Registrar’s Office with a confirmation of acceptance from the program (minimum of 30 days prior to starting the rotation). The acceptance must 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 e-mail address and telephone number and the course coordinator’s name, e-mail address and telephone number.

- Near the end of the elective, your attending physician will be sent a link to MCW’s secure evaluation server in order to grade your performance. Paper forms are no longer used. The evaluation must be completed in English and submitted online within two weeks of the end date. If you find the attending physician who will be evaluating you has changed, contact the Office of the Registrar immediately with the correct attending physician’s e-mail address.

**DON’T**

- **Do not request permission from an MCW course to leave early or arrive late because you are participating in an away elective!**

- 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 Global Health electives.

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

- Residency interviews and sitting for the USMLE Step 2 CK and CS should be conducted during your scheduled Individual Professional Development time.
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 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 a letter of recommendation 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 1 – August 28, 2016 |
| 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 |
VSAS AWAY
ELECTIVE
APPROVAL FORM

Student Name: _______________________________

Dates of Elective: __________________________

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

Elective Title: ______________________________

Choice #1                                                                 Alternate Choice #2

Elective Title: ______________________________

Alternate Choice #3                                                                 Alternate Choice #4

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I have had a discussion with the student regarding the benefits and goals of this elective and approve of this request.

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).

________________________________________________________________________

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