



NON-VSLO AWAY LECTIVE PROPOSAL FORM

A student who wishes to pursue an away opportunity that is not [VSLO](#) approved may submit this completed form **and** course description for consideration at least 60 days prior to the proposed start date.

Name: _____
(Last name) (First name) (Middle name)

Title of Elective: _____

Host Institution: _____

City/State of Host Institution: _____

Dates of Elective: _____ to _____

I understand this is a proposal and is not officially approved until I am registered for the elective by the Office of the Registrar.

Student Signature: _____ **Date:** _____

Host Institution Contact Information:

Name: _____

Title: _____ **Email:** _____

This section to be completed by host institution:

The student has been provided with expectations for the clinical experience. The dates listed above are accurate. A completed evaluation will be sent to acadreg@mcw.edu within 30 days of the end date to ensure this student receives credit for this elective.

The Medical College of Wisconsin's grading system is as follows:

H Honors
HP High Pass
P Pass
F Fail

Signature of Host Institution **Date:** _____

This section to be completed by the MCW Associate Dean for Student Affairs or Campus Dean

I approve this student's away elective

Signature of Dean **Date:** _____

Return completed form at least 60 days prior to the start of the elective to
acadreg@mcw.edu