

MEDICAL COLLEGE OF GEORGIA

APPLICATION FOR OFF-CAMPUS AND/OR SPECIAL ELECTIVE APPROVAL

PART I (To be completed by MCG Students)

STUDENT NAME _____ CLASS OF _____

STUDENT SIGNATURE _____ DATE _____

PART II (To be completed for APPROVAL by Department that will be responsible for giving grade -see list of authorized persons below)

MCG COURSE NUMBER _____ DATES OF ELECTIVE _____

(Minimum: 4 weeks)

Have you completed all Junior Core Clerkships by beginning date of elective? YES _____ NO _____

(if not, what core remains to be taken?) _____

LOCATION OF ELECTIVE _____

PERSON RESPONSIBLE FOR EVALUATION _____

MCG DEPARTMENTAL SIGNATURE OF APPROVAL*: _____ -

*OBG: Also requires signature of Student Coordinator: _____

*SURGERY: Also requires signature of Student Coordinator: _____

PART III (Return to CURRICULUM OFFICE for official enrollment in elective)

Date added for credit _____

Signature _____

T. Andrew Albritton., Associate Dean for Curriculum

ANS:	Dr. A. Head	BIW-2144	PSY:	Dr. Jo Albritton	FG-2238
DERM/MED	Dr. J. Leshner	FH-100	RADIOLOGY	Mr. Jim Corley	BI-2238
EMER. MED	Dr. H. Gross	AF 2037	SURGERY:	Dr. R. Nesbitt	BA-4411
FMP:	Libby Poteet	HB-3034		Grace Piaia	BI 4084
MED:	Lizandrea Jones	BIW-5072	ENT:	Dr. David Terris	BP 4119
NEU:	Dr. N. Pruitt/D. Langston	BA-3410	Orthopedics	Dr. L. Bertrand	BP-2109
OB/GYN:	Dr. M. Manting	BA-7300	Ped Surgery	Dr. C. Howell	AL-12
OPHTH:	Dr. D. Thomas	BA-2701	Thoracic:	Dr. K. Landolfo	BA-4300
PATH:	Kathy Radford	CB-3940	Urology	Dr. Ronald Lewis	BA-8412
PED:	Janis Richardson	BG-2101B	Plastic	Dr. J. Yu	HB-5040
			Neurosurgery	Dr. Mark Lee	BIW-348

Curriculum Office Fax # 706/721-7244

You are not officially enrolled until you have returned this completed "Green Sheet" to the Curriculum Office and completed a Schedule Change.