



OAKLAND UNIVERSITY WILLIAM BEAUMONT

Directed Independent Clinical Elective Scheduling Form

This form must be completed and submitted six **(6) weeks prior to the start date** to receive appropriate credit. If an affiliation agreement is required, submit at least 90 days prior to the start of the elective. Affiliations must be completed 37 days prior to the start of the elective. Completed forms and supporting documentation may be submitted to OUWB School of Medicine Records and Registration (medreg@oakland.edu). Incomplete or late applications will not be forwarded for approval.

Student's Name: _____ Last 4 of G-Number: _____

Email: _____ Graduating Class: _____

Focus of the Directed Independent Clinical Elective:

Start Date (month/day/year): _____ End Date (month/day/year): _____

Total Weeks of Credit Requested: _____ (4 weeks max)

Fundamental Requirements:

1. Directed Independent Clinical Elective must be dedicated time; at least 2 weeks of consecutive unscheduled time must be set aside on the student's schedule in order to receive credit for the elective. No other experiences may be scheduled concurrently during that time.
2. Directed Independent Clinical Electives (DICE) at the Oakland University William Beaumont School of Medicine, may be designed to receive up to 4 weeks of elective credit to apply to the M.D. degree. Credit for the Directed Independent Clinical Elective may not be used towards required electives if the purpose of the elective is to prepare for licensure examinations or to remediate previous courses, clerkships, or licensure examinations.
3. The workload demanded by the directed independent clinical elective should be appropriate for the number of hours of credit requested. Directed Independent Clinical Electives should be complementary to the student's overall medical school experience and career goals and not to be used to supplant other clinical or educational experience.
4. Directed Independent Clinical Electives are by definition self-designed because study and career goals are unique to the student.

At the time of application to the Directed Independent Clinical Elective



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experience:

1. Students are required to submit this form and a one (1) page plan for the Directed Independent Clinical Elective to Records and Registration (medreg@oakland.edu) outlining the study plan, including the focus of the independent experience, the proposed plan of action, a statement of required outcomes, and any assessment plan for grading of the study. The faculty member overseeing the Directed Independent Clinical Elective must be identified and their contact information included. Eligible grades for the elective are: Honors, Pass, Fail.

Upon completion of the Directed Independent Clinical Elective experience:

1. A one (1) page description of what was accomplished during the elective must be submitted to the Associate Dean for Undergraduate Clinical Education and School of Medicine Records and Registration.
2. A completed **Student Clinical Performance Evaluation form** must be completed by the faculty member overseeing the Directed Independent Clinical Experience.

Directed Independent Clinical Elective Supervisor (print):

Directed Independent Clinical Elective Supervisor's Signature (required):

Directed Independent Clinical Elective Supervisor's Email (required):

Directed Independent Clinical Elective site:

Address:

Phone/Fax #:



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Add/Drop Registration

By completing the following Add/drop portion, you are authorizing Records and Registration to make the requested schedule changes if your Directed Independent Clinical Elective request is approved by the Associate Dean for Undergraduate Clinical Education. All changes must comply with OUWB policies.

ADD/DROP	Subject	Course #	Course Name	Course Location	Course Dates

Registration Agreement and Promise to Pay

By signing this registration form, I understand that I will be registered and/or dropped from the courses listed above. I assume financial responsibility for the education-related charges associated with my student account. In the event my account becomes past due, I acknowledge that a hold will be placed on my account, prohibiting the release of transcripts and possible de-registration from future semesters.

By registering for courses at Oakland University, I acknowledge that I have read and am accepting the Student Business Services Terms and Conditions found at: www.oakland.edu/sbs/terms.

Student Signature Date

OFFICE USE ONLY

Associate Dean for Undergraduate Clinical Education (or designee) Signature:

Date: _____

DICE Approved DICE Not Approved

Director of School of Medicine Records and Registration (or designee) Signature:

Date Processed: _____

Affiliation needed: Yes No