

Joan and Sanford I. Weill Medical College of Cornell University

**Away Elective
2007-2008**

MES.901.AW (Elective at another medical school)

Student Name: _____

Class of: _____

Title of Elective: _____

Away Medical School: _____

Please indicate when you plan to do this in the table below.

Module		A	B	C	D	E	F	G	H	I	J	K	L
WEEK NUMBER:		0501	0505	0509	0513	0517	0521	0525	0529	0533	0537	0541	0545
DATES:		July 2- July 27	Jul 30- Aug 24	Aug 27- Sept 21	Sept 24- Oct 19	Oct 22- Nov 16	Nov 19- Dec 14	Jan 7- Feb. 1	Feb. 4- Feb 29	Mar 3- Mar 28	Apr. 7- May 2	May 5- May 30	June 2- June 27
(check boxes)	4 wks												
	2 wks												

Brief Description:

(Step 1) Advisor's Name: _____

Advisor's Signature: _____ Date: _____

(Step 2) Sr. Associate Dean's Signature: _____ Date: _____

Please Return with All Necessary Paperwork to
Registrar
Office of Academic Affairs, C-118
1300 York Avenue, New York, NY 10021

Please note: this course MUST appear in your schedule in course scheduler.