

Application for Service-Learning Elective

NOTE: The deadline for submission is two weeks prior to the elective beginning date in order to receive elective credit. Forms submitted after that date will not be eligible for credit. Please see the course description for specific regarding hourly and curricular requirements for elective credit. Questions about the Service-Learning Elective should be directed to Jordan Reif in the Office of Student Affairs (Jordan.reif@nyulangone.org).

	ral information completed by the	student
Name	::	Class/graduation year:
Addre	ess:	
Telep	hone:	
electiv		the left columns, acknowledging that the curriculum timeline for this—to be completed over the course of 3-6 months but total 2 weeks of simmitment.
		inal elective: 3-6 months in length, totaling 2 weeks of credit
		r time must total at least 60 hours 0 hours of preparation and reflection activities, established by
		e of Student Affairs
These	ates without affec	nged throughout the course of the elective to reflect accurate start and ting credit eligibility, assuming the total necessary hours are still
	Start date	
	End date	
	Total number	
	of weeks	

Please list up to two community organizations or volunteer opportunities that you are considering as your placement for the elective and your responsibilities at each site. At least 75% of your hours must be completed at one project/site. If you do not have a location selected, please contact the Office of Student Affairs who can help pair you with an organization. You also need to identify a contact at the community site who is willing to correspond with the Office of Student Affairs throughout the elective, including to verify your hours on a monthly basis.

5.16.23 DC 05/16/2023

1.		
	Responsibilities:	
	Contact name and email:	
2.		
	Responsibilities:	
	Contact name and email:	
to com	ition to completing at least 60 hours of community/uplete at least 10 hours of preparation and reflection (totaling at least 70 hours).	
Studen	nt signature:	Date:
To be o	nistrative information completed by, or on behalf of, the preceptor Victoria Dinsell, MD	
	Associate Dean for Student Affairs	
Office	address: 550 First Avenue, Medical Science Buildi	ng, G-55
	ffice of Student Affairs agrees to supervise the studements at the conclusion of this elective, unless ano	
Precep	otor signature:	
Acadeı	mic title:	
Approv	ved: Yes No	
Senior	Associate Dean for Medical Education:	
Date: _		

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