

OAKLAND UNIVERSITY WILLIAM BEAUMONT

Directed Independent Non-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. 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 Non-Clinical Elective:

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

** Electives may not cross semesters (must start and end in the same semester).**

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

FUNDAMENTAL REQUIREMENTS:

1. Directed Independent Non-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 Non-Clinical Electives (DINCE) 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 Non-Clinical Elective may not be used for licensure examination preparation or to remediate previous courses, clerkships, or licensure examinations.
3. The workload demanded by the DINCE should be appropriate for the number of hours of credit requested. Directed Independent Non-Clinical Electives should be complementary to the student's overall medical school experience and career goals and not to be used to supplant other non-clinical or educational experience.
4. Directed Independent Non-Clinical Electives are by definition self-designed because study and career goals are unique to the student.

SUPPORTING DOCUMENTATION

1. Students are required to submit this form and a one (1) page plan for the Directed Independent Non-Clinical Elective to Records and Registration (medreg@oakland.edu) outlining the study plan, including the intended learning



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- objectives, learning activities, and educational products of the activity (how you will demonstrate learning and be assessed).
2. The faculty member overseeing the Directed Independent Non-Clinical Elective must be identified and their contact information included. Eligible grades for the elective are: Honors, Pass, Fail.
 3. Upon completion of the Directed Independent Non-Clinical Elective experience:
 - a. A one (1) page description of what was accomplished during the elective must be submitted to the Associate Dean for Medical Education and School of Medicine Records and Registration (medreg@oakland.edu).
 - b. A completed **Student Clinical Performance Evaluation form** must be completed by the faculty member overseeing the Directed Independent Non-Clinical Experience.

Directed Independent Non-Clinical Elective Supervisor (print):

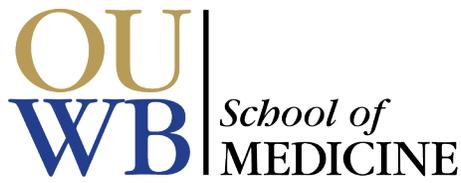
Directed Independent Non-Clinical Elective Supervisor's Signature (required):

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

Directed Independent Non-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 Non-Clinical Elective request is approved by the Associate Dean for Medical 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 Medical Education (or designee)

Signature: _____ Date: _____

DINCE Approved DINCE Not Approved

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

Signature: _____ Date Processed: _____