

**MICHIGAN STATE  
UNIVERSITY**

**COLLEGE OF OSTEOPATHIC MEDICINE  
ELECTIVE APPLICATION**

**Please fill out, sign, and return this form to the COM Registrar's Office or Admin Office at your site for processing.**

Student Name \_\_\_\_\_

PID \_\_\_\_\_ COM Site Location \_\_\_\_\_

Course # \_\_\_\_\_ Section # \_\_\_\_\_

Course Title \_\_\_\_\_

Student Phone # \_\_\_\_\_ Credits \_\_\_\_\_

MSU Email Address \_\_\_\_\_ Semester \_\_\_\_\_

Class Year \_\_\_\_\_

***For further information about electives, see course syllabus.***

***Eligibility to participate in this elective is dependent on being compliant and having core enrollment. If you become ineligible at any point during the semester, your enrollment in this elective will automatically be dropped and no credit will be granted regardless if you have completed this elective or not.***

***By signing, I agree to the terms and conditions stated above.***

Student's Signature _____	Date _____
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**COLLEGE APPROVALS**

Office Use Only	
Immunization/Compliance _____	(initials)
Enrollment Verification _____	(initials)
Enrolled _____	(initials)