

**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 _____

COLLEGE APPROVALS

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