The goals and objectives for PGY5 research, reading, and other special interest rotations are highly individualized and must be determined by the resident and the faculty member supervising and approved by the Residency Program Director. A copy of these goals and objectives will be maintained in the resident’s academic file.

See next page for special elective approval form.
Special Elective Rotation Request
Pediatric Neurology Residency Program
Department of Neurology

This form is required for elective rotations that do not have standard goals and objectives available on the Neurology website and for all research electives. Elective must be fully approved prior to the start date.

<table>
<thead>
<tr>
<th>Resident Name:</th>
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<tbody>
<tr>
<td>Name of rotation:</td>
</tr>
<tr>
<td>Rotation Dates:</td>
</tr>
<tr>
<td>Faculty Sponsor (s):</td>
</tr>
<tr>
<td>If faculty sponsor is not in neurology,</td>
</tr>
<tr>
<td>Faculty Sponsor (s) dept &amp; contact info:</td>
</tr>
</tbody>
</table>

Briefly summarize your goals and objectives for the rotation:

Please note:
- You will still have continuity clinics per week during your elective rotation.
- You are expected to work full-time during your elective rotation.
- If you decide to change your elective and/or dates, you must notify the residency program.
- Duty hours apply during elective rotations.
- Faculty sponsors will be asked to complete an evaluation at the end of the rotation.

Resident Signature

Faculty Sponsor Signature

Program Director Approval

RETURN SIGNED FORM TO LORI NICHOLS PRIOR TO THE ELECTIVE.
Department of Neurology, Box 8111, Washington University School of Medicine
660 S. Euclid Ave., St. Louis, MO 63110
(314) 454-6042  Fax: (314) 454-6142  email: lorinichols@wustl.edu