Independent Elective at WMC
2005-2006

IND.801.WC

Student Name: ____________________________________________________________

Class of: _____________________________________________________________________

Title of Elective: _____________________________________________________________________

Exact Dates of Elective (please also indicate number of weeks): ___________________________

Sponsor's Name: _____________________________________________________________________

Do you plan on having this fulfill the Advanced Basic Science Requirement? _____________

(If so, please also attach the blue ABS form)

Please indicate when you plan to do this in the table below.

<table>
<thead>
<tr>
<th>Module</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
<th>K</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEEK NUMBER:</td>
<td>0501</td>
<td>0505</td>
<td>0509</td>
<td>0513</td>
<td>0517</td>
<td>0521</td>
<td>0525</td>
<td>0529</td>
<td>0533</td>
<td>0537</td>
<td>0541</td>
<td>0545</td>
</tr>
<tr>
<td>(check boxes)</td>
<td>4 wks</td>
<td>2 wks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Brief Description:

______________________________________________________________________________

(Step 1) Sponsor’s Name: ____________________________________________________________

Sponsor’s Signature: _____________________________________________________________________ Date: ______________________

(Step 2) Advisor’s Signature: __________________________________________________________ Date: ______________________

(Step 3) Sr. Associate Dean's Signature: ______________________________________________ Date: ______________________

Please Return to
Electives Coordinator
Office of Academic Affairs, C-118
1300 York Avenue, New York, NY 10021
Phone (212) 746-1050
Fax (212) 746-5981

Please note: this course MUST appear in your schedule in course scheduler.