Independent Elective at WMC  
2006-2007  

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>
</tbody>
</table>

(check boxes)  

- 4 wks  
- 2 wks  

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.