



COLUMBIA UNIVERSITY

College of Physicians
and Surgeons

Department of Urology
Elective Application

Student Information

Name: _____

___ Female ___ Male

Birthdate: _____
(mm/dd/yyyy)

Cell Phone: _____

Personal Mailing Address: _____
Street Address, City, State, Zip

Email: _____

Medical School Information

Name of School: _____

Mailing Address: _____
Street Address, City, State, Zip

Dean Student Affairs: _____ Dean's Office Phone: _____

Dean's Email: _____

Completion of Prerequisites

You are required to complete an elective in internal medicine, general surgery, urology and another specialty prior to your enrollment. Please enter the month/year you have completed or are scheduled to take the following electives.

Int Med: _____ General Surgery: _____ Urology: _____ Other: _____
Rotation and date

Elective and Block Preference

Please select elective below.

___ Urology Subinternship ___ Urology Laboratory Research ___ Urology Clinical Outcomes Research

Columbia University P&S offers 4 week electives which begin on the 1st and end on the last day of each month. **Please select two blocks from the list below by inputting 1 and 2 to indicate your preferences.**

___ July 1 – 31 ___ August 1 – 31 ___ September 1 – 30

___ October 1 – 30 ___ November 1 – 30