

# SENIOR COURSE PREFERENCE FORM

The University of Texas—Houston Medical School, 2008-2009

Student ID# \_\_\_\_\_

Probable specialty choice _____
Faculty Advisor's name _____
Advisor's signature _____

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Beeper #: \_\_\_\_\_

Clerkship as of April 3, 2008: \_\_\_\_\_

**Return this form by Thursday, April 3, 2008 to the Office of Student Affairs, MSB Room G.400.**

For Office Use Only

## Part A

	<u>Dept Code</u>	<u>Course Number</u>	<u>Course Title</u>	<u>Month</u>	<u>Department Signature (if approval required)</u>
A100	1.	_____	_____	_____	_____
A200	2.	_____	_____	_____	_____

Any outstanding 3<sup>rd</sup>-yr coursework must be listed in Part A.

Otherwise, use this section to indicate those courses/months that are **'must-haves.'**

## Part B

Note: Medical Jurisprudence will take place in March 2008. Technical Skills will meet throughout the year.

	<u>Dept Code</u>	<u>Course Number</u>	<u>Course Title</u>	<u>1st Month Choice</u>	<u>2nd Month Choice</u>	<u>3rd Month Choice</u>	<u>Department Signature (if approval required)</u>	
A300	1.	<b>JURI</b>	<b>4001</b>	003	Medical Jurisprudence (automatic enrollment)			
A400	2.	<b>TSKI</b>	<b>4001</b>	000	Technical Skills (automatic enrollment)			
A500	3.	<b>RTR</b>	<b>4000</b>	003	Required Transition to Residency (automatic enrollment)			
B100	4.	<b>RCC</b>	<b>4000</b>	Required Critical Care Selective (July-Nov, Jan, Feb & Apr)				
				1st _____	2nd _____	3rd _____		
C200	5.	<b>FAMD or INTM</b>	<b>4000</b>	Required Ambulatory Medicine (July-Nov, Jan, Feb & Apr)				
				1st _____	2nd _____	3rd _____		
D300	6.	<u>Required Advanced Patient Care</u> Select from list:		Title _____				
		<b>APC</b>	Course # _____	1st _____	2nd _____	3rd _____	<b>Please Note: APC 4011 requires Course Director's signature.</b>	
D301		2 <sup>nd</sup> choice select from list:		Title _____				
		<b>APC</b>	Course # _____	1st _____	2nd _____	3rd _____		

After schedules are released, you must choose from the TSKI sections.

RCC will be randomly assigned to an open month if your choices are unavailable.

Depending on availability, you may not have an Ambulatory Medicine course on your schedule.

APC may not be assigned if your choices are unavailable.

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

**ELECTIVE  
COURSE  
SLOTS**

In PART C, list your preferences for your remaining electives and vacation months, keeping in mind that the **total number of months** listed in all parts of this form **will equal 11** (9 months of courses, plus two months of vacation). You will additionally be automatically enrolled in Jurisprudence and Technical Skills. If you do not bump required courses to Part A, you should have at least four course blocks in PART C selected. The computer assigns 1 elective per block, maximum.

For Office Use  
Only

<b>Part C</b>						
Dept Code	Course Number	1st Month Choice	Course Title 2nd Month Choice	3rd Month Choice	Department Signature (if approval required)	
G000			Title _____			
			1st _____	2nd _____		3rd _____
			Title _____			
G001	or _____		1st _____	2nd _____	3rd _____	
			Title _____			
			Title _____			
G002	or _____		1st _____	2nd _____	3rd _____	
			Title _____			
			Title _____			
H100			Title _____			
			1st _____	2nd _____		3rd _____
			Title _____			
H101	or _____		1st _____	2nd _____	3rd _____	
			Title _____			
			Title _____			
H102	or _____		1st _____	2nd _____	3rd _____	
			Title _____			
			Title _____			
J200			Title _____			
			1st _____	2nd _____		3rd _____
			Title _____			
J201	or _____		1st _____	2nd _____	3rd _____	
			Title _____			
			Title _____			
J202	or _____		1st _____	2nd _____	3rd _____	
			Title _____			
			Title _____			
K300			Title _____			
			1st _____	2nd _____		3rd _____
			Title _____			
K301	or _____		1st _____	2nd _____	3rd _____	
			Title _____			
			Title _____			
K302	or _____		1st _____	2nd _____	3rd _____	
			Title _____			
			Title _____			

For Office Use  
Only

## Continuation of Part C (if needed)

	Dept Code	Course Number	1st Month Choice	Course Title 2nd Month Choice	3rd Month Choice	Department Signature (if approval required)
<b>5</b>			Title _____ 1st _____	2nd _____	3rd _____	_____
			Title _____ 1st _____	2nd _____	3rd _____	_____
	or		Title _____ 1st _____	2nd _____	3rd _____	_____
<b>6</b>			Title _____ 1st _____	2nd _____	3rd _____	_____
			Title _____ 1st _____	2nd _____	3rd _____	_____
	or		Title _____ 1st _____	2nd _____	3rd _____	_____
<b>7</b>			Title _____ 1st _____	2nd _____	3rd _____	_____
			Title _____ 1st _____	2nd _____	3rd _____	_____
	or		Title _____ 1st _____	2nd _____	3rd _____	_____
<b>8</b>			Title _____ 1st _____	2nd _____	3rd _____	_____
			Title _____ 1st _____	2nd _____	3rd _____	_____
	or		Title _____ 1st _____	2nd _____	3rd _____	_____
<b>9</b>			Title _____ 1st _____	2nd _____	3rd _____	_____
			Title _____ 1st _____	2nd _____	3rd _____	_____
	or		Title _____ 1st _____	2nd _____	3rd _____	_____