

# SENIOR COURSE PREFERENCE FORM

The University of Texas—Houston Medical School, 2011-2012

Student ID# A00

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

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

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

Telephone #: \_\_\_\_\_ Pager #: \_\_\_\_\_

Clerkship as of April 4, 2011: \_\_\_\_\_

**Return this form by Thursday, March 31, 2011 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 2012. TSKI (ACLS) will be listed on your schedule for March 2012, but will take place during your Required Critical Care rotation.

	<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>
A300	1.	<b>JURI</b>	<b>4001</b>	003	Medical Jurisprudence (automatic enrollment)	
A500	2.	<b>RTR</b>	<b>4000</b>	003	Required Transition to Residency (automatic enrollment)	
		<b>TSKI</b>	<b>4001</b>	003	<b>You will do your ACLS training during RCC.</b>	
B100	3.	<b>RCC</b>	<b>4000</b>	Required Critical Care Selective (July-Nov, Jan, Feb & Apr)		
				1st _____	2nd _____	3rd _____
C200	4.	<b>FAMD or INTM</b>	<b>4000</b>	Required Ambulatory Medicine (July-Nov, Jan, Feb & Apr)		
				1st _____	2nd _____	3rd _____

For Office Use Only

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

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

D300	5.	<u>Required Advanced Patient Care</u> <u>Select from list:</u>	Title _____	Department Signature (if approval required)		
		<b>APC</b>	Course # _____	1st _____	2nd _____	3rd _____
D301		2 <sup>nd</sup> choice select from list:	Title _____			
		<b>APC</b>	Course # _____	1st _____	2nd _____	3rd _____

Name: \_\_\_\_\_ ID#: A00

**ELECTIVE  
COURSE  
SLOTS**

In PART C, list your preferences for your elective coursework. If you listed any elective(s) in Part A, the total number of electives listed, between Part A and Part C, should be five.

For Office Use  
Only

<b>Part C</b>							
	<u>Dept Code</u>	<u>Course Number</u>	<u>1st Month Choice</u>	<u>Course Title</u> <u>2nd Month Choice</u>	<u>3rd Month Choice</u>	<u>Department Signature (if approval required)</u>	
G000	<b>1</b>	_____	Title _____	1st _____	2nd _____	3rd _____	_____
G001		or _____	Title _____	1st _____	2nd _____	3rd _____	_____
H100	<b>2</b>	_____	Title _____	1st _____	2nd _____	3rd _____	_____
H101		or _____	Title _____	1st _____	2nd _____	3rd _____	_____
J200	<b>3</b>	_____	Title _____	1st _____	2nd _____	3rd _____	_____
J201		or _____	Title _____	1st _____	2nd _____	3rd _____	_____
K300	<b>4</b>	_____	Title _____	1st _____	2nd _____	3rd _____	_____
K301		or _____	Title _____	1st _____	2nd _____	3rd _____	_____
L400	<b>5</b>	_____	Title _____	1st _____	2nd _____	3rd _____	_____
L401		or _____	Title _____	1st _____	2nd _____	3rd _____	_____