



Office of the Registrar • 1310 Club Drive • Vallejo, CA 94592 • phone: 707-638-5984 • fax: 707-638-5267 • email: [tucaregistrar@tu.edu](mailto:tucaregistrar@tu.edu) • website: <http://tu.edu>

**ELECTIVE REGISTRATION FORM**

Name \_\_\_\_\_ Class of \_\_\_\_\_ Student ID# \_\_\_\_\_  
(required)

**PLEASE NOTE: The list of available electives is subject to change. Contact the course coordinator to confirm whether a course will be offered.**

**SEMESTER:**  SUMMER  FALL  SPRING      YEAR \_\_\_\_\_

<u>Course Number</u>	<u>Course Name</u>	<u>Course Coordinator</u>	<u>Units</u>
<input type="checkbox"/> BSCI 659	Advanced Anatomy 1 (FALL)	Mr. Silverman, Dr. Eliot	1
<input type="checkbox"/> BSCI 660	Advanced Anatomy 2 (SPRING)	Mr. Silverman, Dr. Eliot	1
<input type="checkbox"/> BSCI 662	Advanced Nutrition	Dr. Ekholm	1
<input type="checkbox"/> BSCI 665	The Art of Observation	Dr. Elul	1
<input type="checkbox"/> BSCI 666	Mindfulness in Medicine	Dr. Weiss	1
<input type="checkbox"/> BSCI 668	Fundamentals of Global Health 1 (FALL)	Dr. Mahmoud	3
<input type="checkbox"/> BSCI 669	Fundamentals of Global Health 2 (SPRING)	Dr. Mahmoud	1
<input type="checkbox"/> BSCI 670	Summer Internship: Global Health	Dr. Mahmoud, Dr. Elul, Dr. Garcia-Russell, Dr. Lin	3
<input type="checkbox"/> PRCR 650	Medical Spanish (Year Long Course)	Dr. Menini	1
<input type="checkbox"/> PRCR 651A	Medical Nutrition: Foundations	Dr. Lehman	1
<input type="checkbox"/> PRCR 651B	Medical Nutrition: Student Led Seminars	Dr. Lehman	1
<input type="checkbox"/> PRCR 652	Pregnancy Partners	Dr. Lehman	1
<input type="checkbox"/> PRCR 658	Summer Clinical Preceptorship	Dr. Hendriksz	1
<input type="checkbox"/> PRCR 659	The Healer's Art	Dr. West	1.5

I agree to abide by the rules and regulations of Touro University California, and to uphold Touro University California standards of social and academic conduct at all times while on campus and while participating in off-campus courses.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Coordinator Approval**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**For Office Use Only:**

Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_ Processed By \_\_\_\_\_