

## VISITING STUDENT APPLICATION

TO BE COMPLETED BY APPLICANT

USE SEPARATE FORM FOR EACH INDIVIDUAL ELECTIVE

NAME: \_\_\_\_\_ ID#/SSN \_\_\_\_\_  
                     Last Name                      First Name

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
   Street  
                     \_\_\_\_\_ YEAR IN MEDICAL SCHOOL:  
                     City      State      Zip

HOME SCHOOL: \_\_\_\_\_ LOCATION: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CHECK BOXES FOR CORE CLERKSHIPS YOU WILL HAVE COMPLETED AT THE TIME YOU BEGIN THE ELECTIVE:

Internal Medicine      Surgery                      Pediatrics                      Ob/Gyn  
 Psychiatry              Family Medicine              Other \_\_\_\_\_

LIST ELECTIVE YOU ARE INTERESTED IN TAKING, WITH THREE SETS OF POSSIBLE DATES  
 (Additional requests may be submitted on another page)

COURSE/NAME: \_\_\_\_\_ DEPT/COURSE NUMBER: \_\_\_\_\_  
 DATES: First Choice: \_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_      Second Choice: \_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_  
                                     From              To                                      From              To  
             Third Choice: \_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_  
                                     From              To

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

\_\_\_\_\_  
 Date of Request

### TO BE COMPLETED BY THE APPLICANT'S MEDICAL SCHOOL DEAN OR DESIGNEE

I hereby certify the above named student is in good academic standing at this institution.

The student has been instructed in safety measures and infection control precautions.      YES   NO

The student will pay tuition at the home school during the period indicated.      YES   NO

Medical liability and/or malpractice insurance will be covered by the home school during this elective time period.      YES   NO

Personal health insurance is in effect during this elective time period.      YES   NO

A report of the student's performance is required; the form is attached.      YES   NO

I confirm that the student will have completed the core clerkships listed above before the elective rotation begins.      YES   NO

DEAN OR DESIGNEE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
   Print Name

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_