

APPLICATION FOR MEDICAL SCHOOL CLERKSHIP OR ELECTIVE AT ANOTHER INSTITUTION

STUDENT'S NAME

STUDENT ID NUMBER

THE ABOVE STUDENT HAS BEEN APPROVED TO TAKE THE FOLLOWING EXTRAMURAL BLOCK

DEPARTMENT

UMC COURSE NUMBER

NAME OF INSTITUTION

THIS BLOCK WILL BEGIN ON _____ AND WILL END ON _____

AT THE COMPLETION OF THE BLOCK, A NUMERICAL GRADE FOR THIS COURSE WILL BE ASSIGNED BY ME AND DELIVERED TO THE REGISTRAR'S OFFICE FOR THE STUDENT'S RECORD.

THE ABOVE COURSE WILL BE CREDITED FOR: AMBULATORY _____, CORE _____, INPATIENT _____, ELECTIVE
(PLEASE CHECK THE APPROPRIATE BLANK OR BLANKS.)

COURSE DIRECTOR SIGNATURE

DATE

DEPARTMENT

THE ABOVE NAMED STUDENT IS IN GOOD STANDING AT THE UNIVERSITY OF MISSISSIPPI SCHOOL OF MEDICINE.
HE/SHE WILL PAY TUITION AT OUR SCHOOL DURING THE PERIOD INDICATED.
MALPRACTICE INSURANCE DOES COVER THE STUDENT AWAY FROM OUR CAMPUS.
PERSONAL HOSPITAL INSURANCE IS IN EFFECT AWAY FROM OUR CAMPUS.
HE/SHE IS APPROVED TO TAKE THIS CLERKSHIP FOR CREDIT.

ASSOCIATE DEAN'S SIGNATURE

DATE

THE SIGNATURE OF THE STUDENT SIGNIFIES THAT HE/SHE UNDERSTANDS THE CONDITIONS OF THE ABOVE.

STUDENT'S SIGNATURE

DATE

THE SIGNATURE OF THE REGISTRAR INDICATES THAT ALL RECORDS ARE IN ORDER.

REGISTRAR—UMMC

DATE

THIS FORM MUST BE SIGNED BY ALL PARTIES PRIOR TO THE STUDENT'S DEPARTURE FROM THE CAMPUS, OTHERWISE, NO CREDIT WILL BE ALLOWED.