



Application for Away Elective

This is to be completed by the student. It is the student's responsibility to be certain that the M4 Course Coordinator receives this form before the rotation block begins.

Name: _____

Mailing Address: _____

Currently enrolled as: 3rd year student 4th year student

Elective is: Domestic International

Block: _____

Preceptor of Elective: _____

Preceptor Mailing Address: _____

Preceptor Email Address: _____

ACTION

To be completed by the supervising preceptor

Student has been accepted into the above elective and will report to: _____

Student has not been accepted into the above elective.

Printed Name and Title of Preceptor: _____

Preceptor Signature: _____

Date: _____

VCU APPROVAL

The medical student named above is in good standing at this institution and is approved to take the requested elective for credit. He/She will pay tuition at our school during the period indicated. Malpractice insurance covers the student away from our school. At the conclusion of the rotation, an evaluation will be required.

Signature: _____

(Assistant/Associate Dean)

Date: _____

Completed form must be returned to the Curriculum Office, Virginia Commonwealth University, School of Medicine, Campus Box 980565, Richmond, VA 23298-0565.