

APPLICATION FOR MEDICAL SCHOOL CLERKSHIP OR ELECTIVE AT ANOTHER INSTITUTION

\_\_\_\_\_  
STUDENT'S NAME

\_\_\_\_\_  
SOCIAL SECURITY 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.)

\_\_\_\_\_  
CHAIRMAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPARTMENT

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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

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

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
REGISTRAR—UMMC

\_\_\_\_\_  
DATE

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