

Intramural Approval form for the School of Medicine University of Mississippi Medical Center

Student _____

Date _____

Department _____

Course Director _____

Intramural approval Yes _____ No _____

Intramural rotation _____

Intramural institution _____

Intramural date _____

Individual responsible for submission of grade _____

Comments

Return this form via email to the Registrar's Office prior to the beginning of the extramural rotation.