

LOYOLA UNIVERSITY CHICAGO STRITCH SCHOOL OF MEDICINE

**Return to Office of Registration and Records
2160 South First Avenue, Room220, Bldg.120, Maywood, IL 60153**

Application For Visiting Student Elective Clerkship

I. TO BE COMPLETED BY THE STUDENT: *Please Note—Section I must be typed.*

Name: _____ Email: _____

SSN: _____ Phone: _____

Address: _____
STREET CITY/STATE/ZIP

Elective Requested: _____ Site: _____
COURSE # TITLE

Inclusive Dates of Rotation: From: _____ To: _____

Student is required to supply proof of current immunizations on the immunization form, which must be returned with the completed application. Visiting students will not be allowed to begin any rotations at Loyola-Stritch unless this certification is completed at least two weeks before the rotation begins.

II. TO BE COMPLETED BY THE DEAN OF THE STUDENT'S MEDICAL SCHOOL:

The student named above is enrolled in good standing at this institution. He/she will have completed the required clinical clerkships prior to taking this elective. At the time of the requested elective, he/she will be in the final year of his/her medical school program. The student will will not pay tuition at our institution during the period indicated. The student has has not completed training in the universal precautions for the handling of body fluids and sharp instruments, TB control measures, and HIPAA compliance within the past year. Malpractice insurance at a rate of at least \$1 million/\$3 million does does not cover the student while away from our school. The student will will not have hospitalization insurance in effect during this period. The student is authorized to take this elective for credit.

SIGNATURE OF SCHOOL OFFICIAL DATE

NAME OF SCHOOL OFFICIAL TITLE

NAME OF MEDICAL SCHOOL TELEPHONE NUMBER

ADDRESS CITY/STATE/ZIP

III. TO BE COMPLETED BY THE DEPARTMENT ELECTIVE COORDINATOR AT LOYOLA-STRITCH:

The application of the above named student is is not approved.

Course Prefix & No.: _____ Course Title: _____
(i.e. MED 401)

Period: _____ Dates: _____ to _____ # Wks. NAME OF COURSE SUPERVISOR

Report to: _____
NAME PLACE DATE/TIME

Signature: _____
ELECTIVE COORDINATOR OR SUPERVISOR DATE

IV. TO BE COMPLETED BY THE REGISTRAR OF LOYOLA-STRITCH:

Your elective request has been approved as specified in Section III above. Your registration as a visiting student is complete. Should your plans change, cancellation notification for this elective must be made to the Office of Registration & Records at Loyola **at least six weeks in advance** of the starting date.

Signature _____
LOYOLA-STRITCH REGISTRAR DATE

When all sections are completed, student and elective coordinator will be notified via email.