

Date Received by OMSP: _____

**RUSH MEDICAL COLLEGE
AWAY CLERKSHIP APPROVAL FORM
Academic year 2007-2008**

Guidelines for the required number of elective weeks that will be counted as credit toward graduation. Students may take no more than

- **ten weeks of electives outside of the Rush System**
- **eight weeks of credit in a single subspecialty**

Student Name _____ Student I.D. Number _____

Name of Away School/Institution _____

Name of Elective _____ Course Number _____

(Rush equivalent)

Rotation Start Date _____ End Date _____ # Weeks _____

Documentation required by the away institution (**please check all that apply**):

Letter of Good Standing _____	Proof of Immunizations _____
Proof of HIPPA compliance _____	Proof of Malpractice _____
Verified USMLE Step 1 score _____	Other: _____

I authorize release of this information to provide the documentation I need for this rotation.

Student's Signature and Date

For purposes of sending malpractice coverage documents, provide accurate contact information and address for the Away School/Institution:

Contact Person _____

Phone Number _____ Email address _____

Institution Name _____

Department _____

Address _____

City/State/Zip _____

Attention Student: Thank you for submitting this request. We will contact you via email when this paperwork can be picked up.

Approval _____
Director, Clinical Curriculum

Date _____

Remarks:

CONTINUED – OTHER SIDE

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If this elective is outside of the Chicago area, we are interested in learning about your plans for housing. Please check the box that best applies to your situation:

University-provided housing

Friends/Family in the area

Private market rental

Unknown