Date Received by OMSP: _____

RUSH MEDICAL COLLEGE AWAY CLERKSHIP APPROVAL FORM

Academic year 2010-2011

(Incomplete forms will not be processed.)

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	RUConnected ID#
Name of Away School/Institution _	
Name of Elective	Course Number (Rush equivalent)
Rotation Start Date	(Rush equivalent) End Date # Weeks
Documentation required by the away Letter of Good Standing Proof of HIPPA Compliance Verified USMLE Step 1 Score	y institution (please check all that apply): Proof of Immunizations Proof of Malpractice Other: (Contact Office of the Registrar for transcripts)
I authorize release of this information	on to provide the documentation I need for this rotation.
Student's Signature and Date	
	ice coverage documents, and obtaining evaluation forms at the le accurate contact information and address for the Away early):
Contact Person	
Phone Number	Email address
Institution Name	
Department	
Attention Student: Thank you for submitting this request. We will contact you via email when this paperwork can be picked up. Please allow 5-10 working days for processing.	
Approval Assoc. Dean, Curriculum a	
Remarks:	