



**VISITING CLERKSHIP ELECTIVE FORM -Part 2**  
*(English Only)*

**PART 2: TO BE COMPLETED BY THE DEAN**

The Student's Name is: \_\_\_\_\_

Fourth year student in good standing at the time of the CWRU rotation (yes) (no).

(will) (will not) pay tuition at this school during the period indicated.

Liability coverage (\$1 million/\$3 million aggregate) (does) (does not) cover the student away from this school **(documented proof required)**.

Personal health coverage (is) (is not) in effect away from this school **(documented proof required)**.

The student (is) (is not) authorized to take this elective.

At the conclusion of the experience, a report (will) (will not) be required.

A CWRU evaluation form (will) (will not) be accepted by this institution. If not please include your school evaluation form along with this application.

**The following 3 items must accompany this application:**

1. Proof of Step I Score
2. Documents with proof of all immunization's and dates.
3. Background Check
4. All requirements must be met 45 days before elective is to start. (Application will be returned)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**EMBOSSSED SEAL OF SCHOOL MUST BE IMPRINTED OVER SIGNATURE OR THE APPLICATION WILL BE RETURNED.**

**Evaluation Mailing Address**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

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