



VISITING CLERKSHIP ELECTIVE FORM -Part 2

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: _____

