

Office of Medical Student Affairs

MD/PhD CLINICAL EXPERIENCE REQUEST

Adding this course provides MD/PhD students with 1 hour of CLNS independent study credit (CR/NC). This ensures that they are covered under insurance to work in a clinical setting under the supervision of a faculty mentor/instructor. Students use this time to regain clinical skills before re-entering the MD portion of the MD/PhD program.

Student Name: _____ ID #: _____

Course Information:

Course title / Clinical department name: _____

Instructor / Mentor's name: _____

Semester: Spring Summer Fall Year: 20_____

Dates: _____ to _____ Overall Length (weeks): 4 8 16

Note: The Office of Medical Student Affairs does not assist in securing instructors / faculty mentors. It is the responsibility of the student to find a faculty member who will serve in that capacity for this clinical experience.

Return Information:

Anticipated date of return to the MD program: _____

Approval:

Student must sign this form and obtain the following signatures before submitting this request to the Office of Medical Student Affairs.

Student Signature

Date

Instructor/Mentor Signature

Date

MD/PhD Program Director Signature

Date

Note to student: If you choose not to have this course added upon submission to OMSA, you will need to fill out an Add/Drop form at a later date. Also, if you cancel this rotation, you must notify the Registrar to have the course removed from your schedule.

For OMSA use only: CRN: _____ DB INB By: _____ Date: _____

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