

**HOWARD UNIVERSITY COLLEGE OF MEDICINE**  
**MEDICAL STUDENT APPLICATION FOR EXTRAMURAL ELECTIVE/CLERKSHIP**  
 (For Howard Medical Students)

PLEASE PRINT OR TYPE

**APPLICATION**

**TO:**

1. Office of the Dean, or. \_\_\_\_\_ 2. Department of \_\_\_\_\_
1. Address of Institution: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**FROM:**

2. Student's Name: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
1. I am a \_\_\_\_\_ year student at Howard University College of Medicine and wish to apply for the following Course/Clerkship: \_\_\_\_\_
6. Inclusive dates requested for course/clerkship: \_\_\_\_\_ to \_\_\_\_\_  
 Alternate Choice: \_\_\_\_\_ to \_\_\_\_\_
3. \_\_\_\_\_  
 Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**DEPARTMENTAL APPROVAL**

9. \_\_\_\_\_  
 Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**DEAN'S APPROVAL**

2. The medical student named above is currently enrolled as a \_\_\_\_\_ year student in good standing at this College of Medicine. He/She will pay tuition at this school during the period indicated. Our liability insurance covers the student when away from our school. Personal health coverage is in effect while the student is away from our school. He/She is approved to take this course/clerkship for credit by the Department of \_\_\_\_\_ and by this office. At the conclusion of the course or clerkship a report will be required (copy attached) within two weeks after completion of the course/clerkship.
- \_\_\_\_\_  
 Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**ACTION**

*(To be completed by appropriate official at the host institution to which student is making application)*

- TO: Medical Student Named in Item 4:
3. Your application for \_\_\_\_\_  is  is not approved  
 Course/Clerkship \_\_\_\_\_  
 You should report to: \_\_\_\_\_  
 Place: \_\_\_\_\_
4. Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Signature : \_\_\_\_\_ 14 Title \_\_\_\_\_

*Please retain gold copy at the host/institution for your files. Return all other copies to: Office of the Dean, Student Records Section, Howard University College of Medicine, 520 W Street, N.W., Washington, D.C. 20059*