

**UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE
APPLICATION FOR EXTRAMURAL ELECTIVE**

Complete Sections I, II, & III per instructions and return to: Office of Admissions and Enrollment Services, University of South Carolina School of Medicine, Columbia, SC 29208.

Section I. To be completed by applicant:

Name _____
(last) (first) (middle)

Mailing Address _____

Email Address: _____

Telephone (____) _____ Date of Birth _____ Gender: M ___ F ___ SSN _____

Student's Signature: _____
_____ (date)

Section II. Applicant's choice of elective.

Please list alternate choices you would be interested in if your first choice is full.

1st Choice _____
(elective title) (course number) (from - to)

2nd Choice _____
(elective title) (course number) (from - to)

3rd Choice _____
(elective title) (course number) (from - to)

Is housing needed? Yes _____ No _____

Section III.

To be completed by official of school where student is enrolled.

1. The medical student above is enrolled in good standing and is in the ____ year of a ____ year program.
2. He/she is authorized to take this elective (for/not for) credit.
3. He/she (will/will not) pay tuition at the home institution during the period indicated.
4. Malpractice insurance coverage (does/does not) cover the student away from our school.
5. Personal health insurance coverage (is/is not) in effect while the student is away from our school.
6. The student (will/will not) have completed junior level rotations in Medicine, Surgery, Pediatrics, OB/GYN and Psychiatry before taking the above requested elective.
7. An evaluation of the student's performance (is/is not) required. A copy of the evaluation form (is attached/will be sent).
8. The student (has/has not) completed the OSHA requirements for training in the prevention and transmission of blood borne pathogens.

signature of school official title

print name of school official name of school

(mailing address)

(city/state/zip) (____) (telephone number)

Section IV.

To be completed by USC School of Medicine official

Approved: Yes / No Elective: _____ Dates: _____
(title)

Person to Report to: _____ Time: _____

Location: _____ Date: _____

(signature) (title) (date)