Application for International Away Elective

**Student name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Responsibilities



Determine eligibility

**Step 1**

* MS4 standing (completed MS3 required clerkships).
* International electives are not approved for required surgical selective credit.
  + - Elective is 4 weeks or greater in length.
    - No approval is given for courses that are not clinically relevant e.g.:
      * language immersion courses
      * Community education or service (safe water, dental outreach, etc.)
      * Research
    - Students taking International Away Electives will not be automatically registered with upper campus by the UWSOM Registrar’s Office and must enroll themselves foreign study credit. More information about FSTDY 300 and enrollment requirements can be found here: <https://www.washington.edu/studyabroad/students/before-you-go/study-abroad-registration/>

International away electives application must be received by the department a minimum of **2 months** before the start date.

Note that grading is Pass/Fail for international electives.



* Student completes the “Student Agreement”

**Step 2**

form on page 2.



* Have the main preceptor/supervisor for your proposed

**Step 3**

elective, complete the “Provider Agreement”

form on pages 3-4.



**Step 4**

* Complete the top half of “Special Assignment Credit Approval” form on page 5.
* Send the entire application packet to the clerkship administrator for the department under which purview the elective specialty is. Check the UWSOM online catalog or department website for the email address.

Department Responsibilities

* Review the proposed rotation for its educational and clinical merit and approve if department expectations are met. If approved, complete the middle section of “Special Assignment Credit Approval” form on page 5.

Forward the entire application packet to [medevalu@uw.edu](mailto:medevalu@uw.edu).

# Student International Elective Agreement

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your reasons for doing an away elective, and how will this elective contribute to your medical education?

Please review the following student responsibilities. Your signature on this document below is your agreement to these requirements:

1. I understand that to take this elective that I must be enrolled for foreign study credit.
2. I will be proactive and learn about any clinic or hospital credentialing requirements.
3. I will submit all credentialing paperwork in a timely fashion. I understand that failure to do so

could result in cancellation of this elective.

1. I will coordinate with my preceptor a time to meet dedicated to midrotation feedback.
2. I will forward to my preceptor information about the approving department’s final evaluation process, which may include either an online link or paper form, before the end of the rotation.
3. I understand it is my responsibility to follow-up with my preceptor to ensure the final evaluation is submitted to the approving department within 2 weeks of the clerkship last day.
4. I will complete all of my end of clerkship evaluations.
5. I understand that any time off must be vetted through the department approving this elective.

**ER Care statement**

**Non-Involvement of Providers of Student Health Services in Student Assessment**

As a medical student, do you agree to not seek health services, including psychiatric/psychological counseling, from your preceptor and educators with whom are also involved in providing your academic assessment?

🞎 Yes 🞎 No

The only exception to this rule is if a medical emergency arises and they are the only provider available. If they provide emergency medical services, they will not be allowed to provide input on your assessment. In the event they are your only educator on this rotation, you would not receive credit for this rotation. Please initial here to indicate your understanding of this policy. \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Date

# Preceptor International Elective Agreement

Thank you for volunteering to precept a University of Washington medical student for an elective. Please complete the requested information, and review the following elective requirements.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Direct Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education:

Medical School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fellowship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any malpractice convictions 🞎 Yes 🞎 No

If Yes, please describe the circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have any criminal convictions 🞎 Yes 🞎 No

If Yes, please describe the circumstances and any sentence/sanctions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience in clinical medical education:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List the goals and objectives for this elective (the student can forward you G&O’s for similar UWSOM courses) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the students work schedule to account for 40 hours of elective time (clinical, rounding, conferences, etc.), with additional outside preparatory work (reading, presentation prep, etc.) up to 60 hours per week. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Preceptor International Elective Agreement con’t

**As a clinical preceptor, do you agree to the following elective requirements:**

1. Provide the student with midrotation feedback, both summative and formative. 🞎 Yes 🞎 No
2. Submit the final evaluation within 2 weeks from the end of the rotation. 🞎 Yes 🞎 No
3. Provide any clinical or hospital credentialing applications or forms to students with enough time for students to complete and be approved before their rotation. 🞎 Yes 🞎 No
4. Agree to the UW Time Off policy. For electives four weeks or greater in length students can have up to 2 days off for illness or unforeseen emergencies, but any time off that exceeds this, or requests for personal events such as conferences or special events must be approved by the department overseeing this elective.

🞎 Yes 🞎 No

1. Do you agree to provide an educational environment that adheres to the UW Code of Conduct? <http://www.uwmedicine.org/about/policies/professional-conduct>

🞎 Yes 🞎 No

1. Are there risks to the health and safety of patients, students, and the community that are unique to the location or nature of your clinic? These may include the possibility of natural disasters, political instability, and exposure to disease. 🞎 Yes 🞎 No

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Is there availability of onsite emergency care at your facility? 🞎 Yes 🞎 No

If not, please specify the number of miles to the nearest emergency care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Non-Involvement of Providers of Student Health Services in Student Assessment**

As a clinical preceptor, do you agree to not provide health services, including psychiatric/psychological counseling, to a medical student with whom you’re also involved in providing academic assessment?

🞎 Yes 🞎 No

The only exception to this rule is if a medical emergency arises and you’re the only provider available. If you provide emergency medical services, do you agree to not provide input on the student’s academic assessment?

🞎 Yes 🞎 No

**Working with relatives**

Students cannot work with relatives who are supervising and/or assessing the student’s performance. Relative is defined as parent, child, grandparent, sibling, uncle, aunt or cousin by birth or marriage.

Will the student be working with any relatives? 🞎 Yes 🞎 No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I agree to the above University of Washington requirements. In the event there are any unforeseen emergencies or student concerns, I will contact [medevalu@uw.edu](mailto:medevalu@uw.edu) as soon as possible.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Preceptor Date

**International Elective Approval Form**

Instructions: After an away rotation has been approved by the host institution and sponsoring UWSOM department, please submit this completed form to the Curriculum office ([medevalu@uw.edu](mailto:medevalu@uw.edu)) for Dean’s Office approval and to have the rotation added in E\*Value. **After the form has been submitted, any changes/updates require a new form.**

**STUDENT INFORMATION**

First Name: Last Name: UW Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOST INSTITUTION INFORMATION**

Institution

Name: Department:

Preceptor

Name:

Preceptor email: \_\_\_\_\_\_\_\_\_

Admin

Contact:

Admin Email:

Admin Phone:

**ROTATION INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Department: |  | Students are required to enroll in Foreign Study credit. |  |
| Clerkship Start Date: |  |
| Clerkship End Date: |  | More information about FSTDY 300 and enrollment requirements can be found here: <https://www.washington.edu/studyabroad/students/before-you-go/study-abroad-registration/> | |
| UWSOM Quarter & Year: |  |

Number of Weeks:

**DEPARTMENTAL AUTHORIZATION**

To be completed and signed by UWSOM Clerkship Director or clerkship administrator:

Name: Title:

Course Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ 697\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dept elective prefix Int’l Away Electives Course Number

This rotation is approved by our department and an E\*Value evaluation will be submitted.

The student will receive clinical elective credits upon successful completion of this rotation.

Per UW School of Medicine policy, we agree to establish a new clinical elective clerkship course if offered more than once in an academic year.

Signature: Date:**VAL – Only for electives in the WWAMI region**

**DEAN’S OFFICE DESIGNEE APPROVAL**

Name:

Title:

Signature:

|  |  |
| --- | --- |
| **Curriculum Office:** | **Registrar’s Office:** |
| Obtain Dean’s Office Designee Approval when applicable | Add rotation to student’s E\*Value roster |
| Set up rotation in E\*Value and notify Registrar’s Office | Confirm schedule update with student |