VANDERBILT UNIVERSITY SCHOOL OF MEDICINE
Petition for Special Clinical Study Credit Away

STUDENT NAME: _____________________________ CELL PHONE: _____________________________

IMMERSION PHASE DATES: If the dates of the clerkship are inconsistent with these dates, please select the unit for which credit will be given.

________ Section 6[2015AY] June (06/06/16 – 07/01/16)
________ Section 7 July (7/5/16 – 7/29/16)
________ Section 8 Aug. (8/1/16 – 8/26/16)
________ Section 9 Sept. (8/29/16 – 9/23/16)
________ Section 10 Oct. (9/26/16 – 10/21/16)
________ Section 11 Nov. (10/24/16 – 11/18/16)
________ Section 12 Dec. (11/21/16 – 12/16/16)

Host Institution Supervising Attending (Please Print) VU Department Granting Credit

Host Supervising E-Mail Address and Phone Number (Please Print)

Host Institution/Location City/State/Country

SPECIAL STUDY CHECKLIST:

1. You must complete all sections of this form, return the paperwork to the Office of Enrollment Services, and be approved by the department granting credit to be registered for the month’s work.

2. The Office of Enrollment Services must receive your paperwork no less than 28 days prior to the start of the research month to be registered to receive credit and for liability coverage to be in effect.

3. The work will be for four weeks of full-time work (160 hours), and you will not be paid for the work.

4. You will not be supervised by a parent, relative, or someone with whom you reside.

5. Department approval is required. To obtain approval, initiate an email to the department’s approving official, copying Student Records at medregistrar@vanderbilt.edu. Include a description of your proposed work sufficient to determine if your proposal is credit-worthy. When an approval email is received in the Office of Enrollment Services, you will be registered for your rotation.

Student Signature Date

For Office Use: VUSM Dept. Approval _____ PS _____ 7100 REPORT _____ OLG _____