

VISITING STUDENT ELECTIVE REGISTRATION FORM

NAME			Sex Assigned at Birth _
Last	First	M.I.	
MEDICAL SCHOOL			
PERMANENT ADDRESS		LOCAL ADDRESS	
		LOCAL NUMBER	
NAME OF EMERGENCY CO	NTACT		
ADDRESS OF EMERGENCY	CONTACT		
MOBILE NUMBER OF EMER	GENCY CONTACT	Γ	
	NG IN ELECTIV	CHOOL OF MEDICINE R VE PROGRAMS TO CAR DRMATION BELOW.	
NAME OF INSURANCE CAR	RIER		
GROUP OR CERTIFICATE N	UMBER		
****	*****	*********	****
NAME OF ELECTIVE			
DEPARTMENT			
DATES OF ATTENDANCE			
PRECEPTOR		HOSPITAL	
STUDENT ENROLLED IN MAY BE PROVIDED BY	ELECTIVES CAR EITHER YOUR M	CHOOL OF MEDICINE R RRY MALPRACTICE INSUR MEDICAL SCHOOL OR TH U ARE COVERED BY MALPI	ANCE. THIS INSURANCE E INDIVIDUAL STUDENT
SIGNATURE		DATE	
CHECK/RECEIPT #			

On the first day of your elective bring the completed form, and a check for the \$125 Registration Fee, to the Office of Registration & Student Records, 550 First Avenue, Medical Science Building, Room G-90.