

NEW YORK UNIVERSITY SCHOOL OF MEDICINE – OFFICE OF REGISTRATION/STUDENT RECORDS

VISITING STUDENT NON-LCME ELECTIVE REQUEST FORM 2012-2013

INSTRUCTIONS: PLEASE READ CAREFULLY

STUDENTS ENROLLED IN NON-LCME SCHOOLS MUST REQUEST TO APPLY FOR A VISITING STUDENT ELECTIVE AT NEW YORK UNIVERSITY SCHOOL OF MEDICINE. THIS FORM IS A REQUEST TO APPLY FOR AN ELECTIVE FOR THE 2012-2013 ACADEMIC YEAR (7/2/12– 6/23/13) ONLY. YOUR ELECTIVE REQUEST MUST BE SUBMITTED ON THIS FORM DURING THE FOLLOWING PERIOD: April 9, 2012 – May 11, 2012. PLEASE DO NOT SEND ANY ADDITIONAL DOCUMENTS OR SEND YOUR REQUEST TO ANOTHER DEPARTMENT. THE REGISTRAR WILL RESPOND BY POSTAL MAIL AFTER NYU STUDENT ELECTIVE SCHEDULING IS COMPLETED (May/June). Note: This form does not apply to students enrolled in U.S. Osteopathic Schools.

SECTION 1: TO BE COMPLETED BY THE STUDENT

NAME: _____ MEDICAL SCHOOL _____
first last

HOME ADDRESS: _____ MEDICAL SCHOOL LOCATION _____
street country

_____ E-MAIL ADDRESS _____
city state country zip

_____ REFERRED BY _____

AT THE TIME OF THE ELECTIVE STUDENT WILL BE A _____ YEAR STUDENT IN A _____ YEAR PROGRAM. THE DATES STUDENT WILL HAVE COMPLETED THE FOLLOWING CORE CLERKSHIPS AT THE TIME OF THE ELECTIVE ARE INDICATED BELOW:

MEDICINE: _____ SURGERY: _____ OB/GYN: _____
 PEDIATRICS: _____ PSYCHIATRY: _____ NEUROLOGY: _____

REQUESTED ELECTIVE* (4 WEEK MAXIMUM)

ELECTIVE TITLE*	DEPT	START – END DATE (mm/dd/yr)

NYU SCHOOL OF MEDICINE REQUIRES VISITING STUDENTS TO HAVE PERSONAL HEALTH INSURANCE & MALPRACTICE INSURANCE COVERAGE (\$1 MILLION INCIDENT / \$3 MILLION AGGREGATE). NYU SCHOOL OF MEDICINE DOES NOT PROVIDE MALPRACTICE OR HEALTH INSURANCE.

STUDENT SIGNATURE: _____ DATE: _____

SEND COMPLETED FORM BY POSTAL MAIL (FAX /E-MAIL NOT ACCEPTED)
TO: MAUREEN DORAN, DIRECTOR OFFICE OF REGISTRATION/STUDENT RECORDS
NYU SCHOOL OF MEDICINE 550 FIRST AVENUE- NEW YORK, NY 10016 – USA

_____**NYUSOM OFFICE USE ONLY**_____

SECTION 2: TO BE COMPLETED BY THE NYUSOM REGISTRAR ONLY*

PRELIMINARY APPROVAL: Yes: _____ No: _____

SIGNATURE: _____ DATE: _____

SECTION 3: TO BE COMPLETED BY THE ELECTIVE DEPARTMENT (*Section 2 Registrar approval required prior to completing this section)

PRELIMINARY APPROVAL: Yes: _____ No: _____

ELECTIVE TITLE: _____ DATE: _____ - _____
start end

SIGNATURE: _____