

**MERCER UNIVERSITY SCHOOL OF MEDICINE
ELECTIVE APPLICATION FORM FOR NON-MUSM STUDENTS**

Form must be returned with the Immunization Certificate in order to be considered. Incomplete applications will be returned to the student

I. To be completed by the student

Name: _____ Class of : _____
Address: _____
Phone Number: _____ Social Security Number: _____
Medical School Name and Address: _____

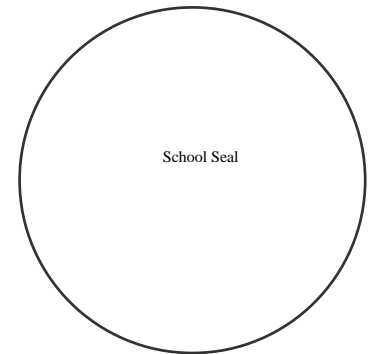
Student E-mail Address _____
Course Name and Number _____
Dates Requested From _____ To _____
Do you have health insurance? _____ Yes _____ No

I agree to abide by all MUSM rules and regulations.

Student Signature _____ Date _____

**II. To be completed by the Dean of Students or designated official
**** (School seal is required in this section)*******

_____ Yes _____ No Will the student named above pay tuition at your school during the time period listed above?
_____ Yes _____ No Is the student approved to take this elective for credit?
_____ Yes _____ No Has the student taken and passed all prerequisites?
_____ Yes _____ No Will an evaluation be required at the end of the elective?
_____ Yes _____ No Is the student covered by malpractice insurance?
_____ Yes _____ No Is the student trained in universal precautions/infection control?



Name of Reporting Official _____ Title _____
Signature _____ Date _____

III. To be completed by Medical Student Program Coordinator

_____ Course **is** available at the requested time
_____ Course **is not** available at the requested time. Student has been contacted and the alternative course or date agreed to, is _____

IV. To be completed by the host department chairman or department designee

_____ Admission of the student named above **is** approved.
_____ Admission of the student named above **is not** approved.
The student will report to _____

Department Contact is _____
Signature _____ Date _____

V. To be completed by the Dean's Office

_____ Admission of the student named above **is** approved.
_____ Admission of the student named above **is not** approved.
Signature _____ Date _____