

**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: _____
Student's E-mail Address _____
Medical School Name and Address _____

Course Name and Number _____
Dates Requested _____ To _____
Alternate Dates _____ To _____
Do you have health insurance? _____ Yes _____ No

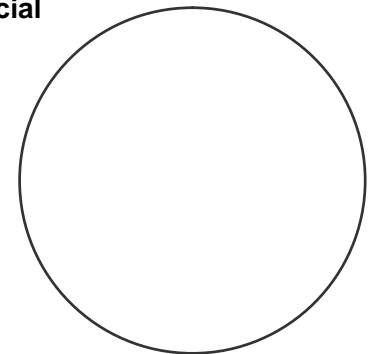
I agree to abide by all MUSM rules and regulations.

Student Signature _____ Date _____

II. To be completed by the Dean of Students at your school 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 MUSM Dean's Office

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

Signature _____ Date _____