

**VISITING STUDENT'S APPLICATION FOR AN ELECTIVE  
AT LOUISIANA STATE UNIVERSITY SCHOOL OF MEDICINE  
2020 Gravier Street, Room 708  
NEW ORLEANS, LA 70112  
[lmills1@lsuhsc.edu](mailto:lmills1@lsuhsc.edu)**

**INSTRUCTIONS:**

After Part I and Part II are completed, all copies should be sent to the Department offering the Elective. Part III will be completed by the Department and all copies sent to Joseph Delcarpio, Ph.D., Associate Dean for Student Affairs, for final approval and distribution. Please type all parts. L.S.U. School of Medicine requires an application fee in the amount of \$30.00.

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**I. TO BE COMPLETED BY THE STUDENT:**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (email address)

\_\_\_\_\_ (phone number)

I shall have completed my clinical clerkships and will be a fourth year student at \_\_\_\_\_

\_\_\_\_\_ Medicine when I take the elective.

Elective desired: \_\_\_\_\_ (department) \_\_\_\_\_ (Course Number)

Preceptor: \_\_\_\_\_ Number of weeks: \_\_\_\_\_

Primary dates from \_\_\_\_\_ (exact date) to \_\_\_\_\_ (exact date)

Alternate dates from \_\_\_\_\_ (exact date) to \_\_\_\_\_ (exact date)

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**II. TO BE COMPLETED BY THE DEAN OF THE STUDENT'S SCHOOL OF MEDICINE:**

The above named student is in good standing at this school. The student (will) (will not) have health insurance that will cover the student while at LSU. The student (does) (does not) have malpractice insurance that will be in effect while at LSU. The student is authorized to take this elective at LSU. At the conclusion of the elective, an evaluation should be sent to \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

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**III. TO BE COMPLETED BY THE DEPARTMENT AT LSU:**

The above named student has been accepted for \_\_\_\_\_ (course title)

Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_

Please report to \_\_\_\_\_ in Building \_\_\_\_\_

Room \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

APPROVAL: \_\_\_\_\_ (instructor) \_\_\_\_\_ (date)

\_\_\_\_\_ (Department Chairman) \_\_\_\_\_ (date)

\_\_\_\_\_ (Dean of Student Affairs) \_\_\_\_\_ (date)