

**VISITING STUDENT'S APPLICATION FOR AN ELECTIVE
AT LOUISIANA STATE UNIVERSITY SCHOOL OF MEDICINE
2020 Gravier St.
NEW ORLEANS, LA 70112
(504)568-4874
lmills1@lsuhsc.edu**

INSTRUCTIONS:

After Part I and Part II are completed, this form should be sent to Joseph Delcarpio, Ph.D., Associate Dean for Student Affairs, at the address above for final approval and distribution. Please type all parts. LSUHSC School of Medicine requires an application fee in the amount of \$30.00.

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 _____
_____ School of Medicine when I take the elective.

Elective desired: _____
(department) (course number)

Preceptor: _____ Number of weeks _____

Primary dates from _____ to _____
(exact date) (exact date)

Alternate dates from _____ to _____
(exact date) (exact date)

Signature _____ Date _____

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 _____

III. TO BE COMPLETED BY THE DEPARTMENT AT LSU:

The above named student has been accepted for _____

Beginning date _____ Ending date _____
(date) (course title)

Please report to _____ in Building _____

Room _____ on _____ at _____
(time)

APPROVAL: _____
(instructor) (date)

(Department Chairman) (date)

(Dean of Student Affairs) (date)