

**VISITING STUDENT'S APPLICATION FOR AN ELECTIVE
AT LOUISIANA STATE UNIVERSITY SCHOOL OF MEDICINE
2020 Gravier Street, Room 708
NEW ORLEANS, LA 70112
mbro15@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 Cathy J. Lazarus, MD, Associate Dean for Student Affairs, for final approval and distribution. Please type all parts.

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 _____

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 _____ (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)