

Northwestern University  
Feinberg School of Medicine  
APPLICATION FOR VISITING SENIOR ELECTIVE CLERKSHIP

**Section I:** *To be completed by student.* Please return all copies, immunization records, and \$100.00 application fee payable to Northwestern University to Ms. Maria Sferruzza, Visiting Student Clerkship Coordinator, at Northwestern University, Feinberg Medical School, Ward Building Room 3-130, 303 East Chicago Ave. Chicago, IL 60611

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_ 20\_\_\_\_\_

Current Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I wish to apply for a clerkship in:

1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_

during the period of \_\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_\_.

By this time I will have completed basic clerkships in \_\_\_\_\_ ( wks), \_\_\_\_\_ (wks),  
\_\_\_\_\_ (wks), \_\_\_\_\_ (wks), \_\_\_\_\_ (wks), \_\_\_\_\_ (wks).

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**Section II:** *Certification by Dean or designee of Student's Medical School*

The medical student named above is in good standing at this institution. The student is a \_\_\_\_\_ year matriculated medical student at \_\_\_\_\_ Medical School. The student (will) (will not) have completed the introductory clerkships in the above-mentioned areas prior to the dates for which the elective is requested. The student (has) (has not) completed training in the universal precautions for the handling of body fluids and sharp instruments on \_\_\_\_\_ (date) and (has) (has not) completed HIPPA training. Malpractice insurance (does) (does not) cover the student away from this school. The student (will) (will not) have hospitalization insurance in effect during this period. The student is authorized to take this clerkship (for) (not for) credit.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

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**Section III:** Approval by NUMS Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

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**Section IV:** Your application for the clerkship \_\_\_\_\_ (course name and number) has been approved for the period of: \_\_\_\_\_. You should report to: \_\_\_\_\_ located at \_\_\_\_\_. Time: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return all copies, immunization record and \$100 application fee.*  
White and Yellow Copies-Return to Medical Education; Pink-Retain in Department; Goldenrod-Medical Education