



Visiting Student Eligibility Form

Dear Student:

Thank you for your interest in participating in an extramural learning experience at Texas Tech University Health Sciences Center School of Medicine. The eligibility form below must be completed by your Student Affairs or Academic Affairs Dean (or designee).

Sincerely,

A handwritten signature in black ink that reads 'Lauren Cobbs M.D.'.

Lauren Cobbs, M.D., M.Ed., FACP
Associate Dean for Student Affairs

TTUHSC School of Medicine is following the recommendations of the Coalition of Physician Accountability (CPA) regarding away experiences. We will consider applications from **eligible** visiting students from Texas and adjacent states. Eligibility to participate in an away elective, per CPA guidelines, include the following:

- Learners who have a specialty interest and do not have access to a clinical experience with a residency program in that specialty in their school's system.
- Learner has not already completed an away rotation at another school.

Student name: _____

Student email: _____

Home institution: _____

Specialty choice: _____

I attest the above-named student is in good standing, is applying to the specialty named above, and our school system does not have clinical opportunities in this field. Additionally, I attest this student will not be completing an external clinical experience at another school in this field.

Signature

Printed Name

Title

Date