TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
School *of* Medicine™

Visiting Student Elective Application

Please Print Legibly

Section 1: TO BE COMPLETED BY APPLICANT. **Use a separate application for each elective.

Name: _____
(Last) (First) (Middle)

Date of Birth:_____ Gender: _____

Street Address:_____

City: _____ State:_____ Zip:_____

Phone:_____ Email Address:_____

Elective Title Desired:_____

Start Date Requested:_____ End Date Requested:_____

Home Medical School:_____ Graduation Date:_____(mm/dd/yy)

Applicant's Signature:_____Date:_____

Section II: TO BE COMPLETD BY THE APPLICANT'S MEDICAL SCHOOL DEAN OR DESIGNEE:

I hereby certify the above named student is/will be a 4th year in good academic standing at this institution and is approved to complete an elective at this institution :	Yes	No
I hereby confirm the student will have completed the core clerkships of Family Medicine, Internal Medicine, OB/GYN, Pediatrics, Psychiatry, and Surgery before the elective begins.	Yes	No
The student has been instructed in safety and precautions for infection control within the past 12 months.	Yes	No
The student has completed HIPAA training.	Yes	No
The student has passed a criminal background check.	Yes	No
The student will pay tuition at his/her home school during the period indicated.	Yes	No
Professional liability coverage ($25,000/$75,000) will be in effect for the student during this elective time.	Yes	No
Personal health insurance will be in effect during this elective time.	Yes	No
The student is current on all required immunizations/titers. (documentation required)	Yes	No
At the conclusion of the elective, an evaluation will be required. (Please bring evaluation with you and give to evaluating attending.)	Yes	No

Approved by:_____ **Date:**_____

Printed Name:_____

Title of approving official:_____

E-mail:_____

Name of School:_____

Address:_____ **Phone:**_____

SECTION III: TO BE COMPLETED BY THE TTUHSC SCHOOL OF MEDICINE OFFICE OF STUDENT AFFAIRS

Approved by:_____ Date:_____(mm/dd/yy)

ELECTIVE IS NOT APPROVED BY:_____ Date:_____(mm/dd/yy)

RETURN THE COMPLETED APPLICATION TO THE ADDRESS LISTED FOR THE REQUESTED CAMPUS. YOU SHOULD RECEIVE AN E-MAIL RESPONSE WITHIN 3 WEEKS AFTER SUBMITTING YOUR APPLICATION (*beginning after June 10th)*.