

SOUTHWESTERN

APPROVAL FORM OFF-CAMPUS MS4 ROTATIONS

Date: _____

Student's Name: _____

Course/Rotation Title: _____

Name of Hospital/School: _____

Address: _____

Telephone: _____

Course/Rotation Director: _____

Dates of Course/Rotation: _____ to _____

- This rotation requires professional liability insurance above the baseline coverage provided by UT System (\$25,000/\$75,000). The student has paid the following amount for supplemental insurance, as negotiated with the UT System.

UT System Quote

Assoc. Dean for Student Affairs

Course is approved as: _____ Elective _____ Requirement

Signature - Corresponding UTSW Department

Associate Dean, Student Affairs

Printed Name - UTSW Approving Official

After the course/rotation is approved and arrangements have been finalized...

Return the form to the Registrar's Office with the following:

A confirmation letter, e-mail, or form from the host school.

(No schedule change will be made until the approval form and confirmation are received by our office.)

A completed ADD/DROP form.

To assure the posting of this elective to your schedule.

***Note to Student:**

Internal Medicine Sub I, Acute Care and Ambulatory Primary Care required rotations must be taken at UTSW.

Written verification of your satisfactory completion of the above course/rotation must be received from the course director in order to receive academic credit. Appropriate forms are available in the Office of the Registrar. The grade of Honors is no longer accepted as a valid grade. Any evaluation form graded Honors will automatically be changed to Pass in the official student record.

Some medical schools will require proof of health insurance coverage prior to permitting enrollment for the clinical rotation. Additionally, some medical schools will require greater malpractice insurance coverage than is available through your UT Southwestern coverage. Coverage requirements should be investigated prior to your commitment to attend the rotation.

RETURN THE APPROVED FORM TO REGISTRAR'S OFFICE IN M2.200

O:studaffr/forms/senior off campus approval form