



University of Toledo Visiting Medical Student Application for Elective

Section I: To be completed by the student (please print or type).

Name: _____ Phone Number: (_____) _____

Address: _____

Email Address: _____

Date of Birth: _____ Last four digits of Social Security Number: _____

LCME approved Medical School Name and Address: _____

Phone and Fax number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Student Signature and date: _____

Section II: To be completed by visiting student's Registrar's Office.

The medical student named above is a _____ year student in a _____ year program at this institution and is in good standing. S/he (will) (will not) have completed core clinical clerkship in surgery, medicine, family medicine, obstetrics/gynecology, pediatrics and psychiatry. S/he (will) (will not) pay tuition at this school during the period indicated. Malpractice insurance in the amount of at least \$1,000,000 per occurrence (does) (does not) cover the student away from this school. S/he is authorized to take elective for credit. Personal health coverage (is) (is not) in effect away from this school. At the conclusion of the experience, an evaluation (will) (will not) be required. A copy of our evaluation form (is) (is not) attached for your use.

School Official's Signature

Date

Name and Title (please print or type)