APPLICATION FOR ELECTIVE

The University of Texas Health Science Center at San Antonio
7703 Floyd Curl Drive, San Antonio, Texas 78229-3900

PLEASE READ AND FOLLOW INSTRUCTIONS: Complete Parts I and II. A list of supporting documents can be found on the web at http://som.uthscsa.edu/srselect/VSguidelines.html. Send application, supporting documents and application fee to the Department offering the elective at the above address. Part III will be completed by the Department offering the elective. All documentation will then be sent to the Associate Dean for Student Affairs, Medical School, for final approval. The Department will notify you of the final decision. **Please allow 6 weeks for processing.**

I. TO BE COMPLETED BY APPLICANT: I hereby make application to the Medical School of The University of Texas Health Science Center at San Antonio (UTHSCSA) for the following Senior elective. I understand that student services are **NOT** available to me. I understand that there is a **non-refundable application fee of $25.00 per four (4) week elective**, which is due and payable at the time of application for the elective.

Title of Elective: ______________________ Dept. and No. ______________________

Dates: 1st Choice: ______________________ 2nd Choice: ______________________

Student's Name: ______________________ SS#: ______________________

Disclosure of your Social Security Number is requested for the student records system of The University of Texas Health Science Center at San Antonio.

Mailing Address: ______________________

Telephone Day: ______________________ Evening: ______________________

Email Address: ______________________ Graduation Date: ______________________

Signature: ______________________ Date: ______________________

II. TO BE COMPLETED BY APPLICANT'S DEAN: This is to certify that the above named student is a ***senior student*** in ***good standing*** and is authorized to take this elective at UTHSCSA. The student **(WILL) (WILL NOT)** pay tuition at the home school during the period indicated. Malpractice insurance **(DOES) (DOES NOT)** cover the student away from the home school. The student **(IS) (IS NOT)** covered by personal health insurance. The student **(HAS) (HAS NOT)** completed all Basic Science courses required by this institution. The student **(HAS) (HAS NOT)** been instructed in the safety and precautions for infection control and Health Insurance Portability and Accountability Act. The student is approved for **(CREDIT) (NON CREDIT)** and **(WILL) (WILL NOT)** require a written evaluation at the conclusion of this elective. **AFFIX SCHOOL SEAL BELOW.**

Signature of School Official: ______________________ Institution: ______________________

Print Name of School Official: ______________________ Mailing Address: ______________________

Title of Official: ______________________ ______________________

AFFIX SCHOOL SEAL HERE

Phone Number: ______________________

Date: ______________________ Fax Number: ______________________

III. TO BE COMPLETED BY DEPARTMENT OFFERING THE ELECTIVE:

1. This application **(IS) (IS NOT)** confirmed for the period ______________________ through ______________________
2. The Instructor responsible for the student's evaluation and to whom the student should report is:

Name: ______________________ Phone Number: ______________________

Department: ______________________ Room No: ______________________

Date: ______________________ Time: ______________________

3. After reporting to the Instructor, the student should report to the Office of Student Services, Room 314-L. **International students must report to the Office of International Services, Room 331-A, before reporting to the Office of Student Services.**

APPROVAL:

______________________ Signature of Instructor ______________________ Date

______________________ Signature of Department Chairperson ______________________ Date

______________________ Signature of Associate Dean for Student Affairs, Medical School ______________________ Date

Original: Associate Dean, Student Affairs
Copies: Department, Registrar, International Services