Date

Institution

Coordinator/Faculty POC

☐ I request to PARTICIPATE in the following:

☐ I request to CANCEL the following:

Department:

Clerkship/Subinternship:

USUHS Course No.:

Requested Dates:

Block:

Student's NAME *GRAD Year* *Student's ADDRESS*

Student's SIGNATURE *Student's EMAIL*

Student's SSN *Student's SERVICE* *Student's PHONE NUMBER*

****

DO NOT WRITE BELOW THIS LINE / DO NOT DETACH

****

The following information is to be completed by the Coordinator/Faculty POC:

This confirms that _____ has _____ the _____ _____ during Block _____ in the timeframe of _____ .

Signature (Coordinator/Faculty POC) Date

Phone & FAX number / E-mail

Please return this form to the Office of the Registrar, ATTN: Mrs. Flanisha Barrett, 4301 Jones Bridge Road, Bethesda, MD 20814-4799.