VANDERBILT SCHOOL OF MEDICINE
Petition for Special Clinical Study Credit Away

STUDENT NAME: ____________________________________  CELL PHONE: ____________________________________

I am registering to do an away rotation during:

☐ Section 6 (2018Y) June (6/10 – 7/5/19)
☐ Section 7 July (7/08 – 8/02/19)  ☐ Section 1 Jan. (1/6 – 1/31/20)
☐ Section 8 Aug. (8/05 – 8/30/19)  ☐ Section 2 Feb. (2/10 – 3/06/20)
☐ Section 9 Sept. (9/03 – 9/27/19)  ☐ Section 3 Mar. (3/09 – 4/03/20)
☐ Section 10 Oct. (9/30 – 10/25/19)  ☐ Section 4 April (4/06 – 5/01/20)
☐ Section 11 Nov. (10/28 – 11/22/19)  ☐ Section 5 May (5/11 – 6/5/20)
☐ Section 12 Dec. (11/25 – 12/20/19)  ☐ Section 6 June (6/08 – 7/02/20)

Note: If the rotation dates are inconsistent with these dates, please select the unit for which credit will be given.

Do you already have a class scheduled during this time? ☐ YES*  ☐ NO

* If yes, then you are responsible for dropping that class. If past the deadline, you must submit the online Add/Drop form available at medschool.vanderbilt.edu/enrollment/forms

Host Institution Supervising Attending (Please Print)  VU Department Granting Credit

Host Supervising E-Mail Address and Phone Number (Please Print)

Host Institution/Location  City/State/Country

SPECIAL STUDY CHECKLIST:

1. Please complete all sections of this form and return it to the Office of Enrollment Services, 224 Eskind Biomedical Library or via email to medregistrar@vanderbilt.edu. You must be approved by the department granting credit to be registered for the month’s work.
2. The Office of Enrollment Services must receive your paperwork no less than 28 days prior to the start of the rotation to be registered to receive credit and for liability coverage to be in effect.
3. The work will be for four weeks of full-time work (160 hours), and you will not be paid for the work.
4. You will not be supervised by a parent, relative, or someone with whom you reside.
5. Department approval is required. To obtain approval, initiate an email to the department’s approving official, copying Student Records at medregistrar@vanderbilt.edu. Include a description of your proposed work, sufficient to determine if your proposal is credit-worthy. When an approval email is received in the Office of Enrollment Services, you will be registered for your rotation.

______________________________________________  _______________
Student Signature  Date

For Office Use: VUSM Dept. Approval_____ SCHED. CONFLICT_____ AA_____ PS_____ 7100 REPORT_____ EVAL_____

For Office Use Only

For Office Use Only

For Office Use Only

For Office Use Only