

AY 2021

7100  
(For Office Use Only)

### VANDERBILT SCHOOL OF MEDICINE Petition for Special Clinical Study Credit Away

STUDENT NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

I am registering to complete an away rotation during:

- |   |   |
|---|---|
| <input type="checkbox"/> Section 7 July (7/06 – 7/30/21)    | <input type="checkbox"/> Section 1 Jan. (1/04 – 1/28/22)  |
| <input type="checkbox"/> Section 8 Aug. (8/02 – 8/27/21)    | <input type="checkbox"/> Section 2 Feb. (2/07 – 3/04/22)  |
| <input type="checkbox"/> Section 9 Sept. (8/30 – 9/24/21)   | <input type="checkbox"/> Section 3 Mar. (3/07 – 4/01/22)  |
| <input type="checkbox"/> Section 10 Oct. (9/27 – 10/22/21)  | <input type="checkbox"/> Section 4 April (4/04 – 4/29/22) |
| <input type="checkbox"/> Section 11 Nov. (10/25 – 11/19/21) | <input type="checkbox"/> Section 5 May (5/09 – 6/03/22)   |
| <input type="checkbox"/> Section 12 Dec. (11/22 – 12/17/21) | <input type="checkbox"/> Section 6 June (6/06 – 7/01/22)  |

Note: If the rotation dates are inconsistent with these dates, please select the section 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](https://medschool.vanderbilt.edu/enrollment/forms)

Host Institution Supervising Attending Name (Please Print)

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

Host Institution/Location

City/State/Country

#### SPECIAL STUDY CHECKLIST:

After you've accepted your away rotation offer, please complete all sections of this form and return it to the Office of Enrollment Services, 224 EBL or via email to [medregistrar@vanderbilt.edu](mailto:medregistrar@vanderbilt.edu). You must be approved by the department granting credit to be registered for the month's work. 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. The work will be for four weeks of full-time work (160 hours), and you will not be paid for the work. You will not be supervised by a parent, relative, or someone with whom you reside.

Department Granting Credit

Department Signature

Date

Student Signature

Date

For Office Use: VUSM Dept. Approval \_\_\_\_\_ SCHED. CONFLICT \_\_\_\_\_ AA \_\_\_\_\_ PS \_\_\_\_\_ 7100 REPORT \_\_\_\_\_ EVAL \_\_\_\_\_