

## 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:	
LCME approved Medical School Na	ame and Address:
Emergency Contact Name:	
Emergency Contact Phone Number:	
Student Signature and date:	
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Section II: To be completed by visiting stu	dent's Registrar's Office.
S/he (will) (will not) have completed core cli pediatrics and psychiatry. S/he (will) (will not the amount of at least \$1,000,000 per occurre to take elective for credit. Personal health co	year student in a year program at this institution and is in good standing nical clerkship in surgery, medicine, family medicine, obstetrics/gynecology, ot) pay tuition at this school during the period indicated. Malpractice insurance in nce (does) (does not) cover the student away from this school. S/he is authorized verage (is) (is not) in effect away from this school. At the conclusion of the required. A copy of our evaluation form (is) (is not) attached for your use.
School Official's Signature	Date
Name and Title (please print of	r type)
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Section III: To be completed by the Office	of Undergraduate Medical Education.
( ) Approved	( ) Not Approved
Signature	Date