

Rutgers-Robert Wood Johnson Medical School
Request to Participate in an Externship or Non-Credit Clinical Experience

A. Application Information (To be completed by student. Please print clearly.)

Student Name	Student ID	Year of Graduation
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Title of Externship or Non-Credit Clinical Experience	Dates of Activity (To/From)
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Name and Address of Host Site	Street	City	State	ZIP
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Supervisor's Name	Supervisor's Telephone Number
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Brief Description of Externship or Non-Credit Clinical Experience - attach additional descriptive information if available

Is the address listed above the location of the activity? If yes, indicate. If no, provide location address.

Student Signature	Date
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B. Approval by Host (to be completed by supervisor prior to experience)

_____ This student has been accepted for placement into the above noted externship or non-credit clinical experience

Supervisor Signature	Date
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C. Approval by Dean (to be completed by school)

The activity described above contributes to the fulfillment of the mission of the medical school.

Associate Dean or Designee Signature	Date	_____ Approved _____ Denied
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D. Registrar Office Certification (to be completed by the Office of the Registrar)

This student is in good academic standing and has obtained permission to apply for the externship or non-credit clinical experience identified above.

Registrar Signature	Date
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E. Evaluation by Host (to be completed by supervisor after experience)

_____ This student has satisfactorily completed the above noted externship or non-credit clinical experience

Comments:

Supervisor Signature	Date
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