



Office of the Registrar
 Morsani College of Medicine
 University of South Florida
 Phone: (813) 974-4089

12901 Bruce B. Downs Blvd MDC 32
 Tampa, FL 33612
 Email: mcook@health.usf.edu
 Fax: (813) 974-4619

EXTERNSHIP APPLICATION

PART I: TO BE COMPLETED BY THE USF STUDENT

Student Name _____ Student ID _____

Please check one: Domestic Elective International Elective

*Students traveling internationally must contact USF Medicine International (http://health.usf.edu/medicine/ia/travel_guidelines.htm) and are required to complete the international travel registration process and purchase the University's travel medical and evacuation insurance.

Home Phone _____ E-mail _____

Course Name _____ Department _____

Course Dates _____ to _____ USF Period # _____

Alternate Dates _____ to _____ USF Period # _____

School/Facility to be visited _____

City _____ State/Country _____

School Phone # _____ Fax# _____ E-mail _____

If an international elective, provide emergency medical insurance policy number:

Student address while attending course _____

City _____ State _____ Zip _____

Student Signature _____ Date _____

PART II: TO BE COMPLETED BY USF/MCOM APPROVING OFFICIALS

USF Dept. Director Signature _____ Date _____