**EXTERNSHIP APPLICATION**

**\*Form required only when applying for a non-VSLO externship, or when a formal certificate of liability is required by a host institution.**

**Part 1 - to be completed by student**

Student Name Student ID

Phone E-mail

Course Name Specialty

Course Dates to USF Period #

Alternate Dates to USF Period #

School/Facility to be visited

City State/Country

School Phone # E-mail

Student address while attending course (if known)

City State Zip

Please check one: [ ]  Domestic Elective [ ]  International Elective

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

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

Student Signature

Upon completion, return to comregistrar@usf.edu

**Part 2 – For Administrative Use Only**

Asst Dean for Clin Curr Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_