



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 _____

USF Health Registrar

University of South Florida | 560 Channelside Drive, MDD 32 | Tampa, FL 33602

<https://health.usf.edu/medicine/registrar>