TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
School of Medicine

Visiting Student Elective Application

PLEASE PRINT LEGIBLY
SECTION I: TO BE COMPLETED BY APPLICANT. **Use a separate application for each elective.

Name:_____
(Last) (First) (Middle)

Date of Birth_____ (mm/dd/yy)

Gender _____

Address:_____ Phone:_____
Street Address City/State Zip

Elective Title Desired:_____

Start Date:_____ End Date_____

Medical School:_____ Graduation Date:_____(mm/dd/yy)

_____ _____
Applicant's signature Applicant's e-mail address (print legibly)

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SECTION II: TO BE COMPLETED BY THE APPLICANT'S MEDICAL SCHOOL DEAN OR DESIGNEE:

I hereby certify the above named student is/will be a 4th year in good academic standing at this institution and is approved to complete an elective at this institution: ☐ Yes ☐ No

I hereby confirm the student will have completed the core clerkships of Family Medicine, Internal Medicine, OB/Gyn, Pediatrics, Psychiatry, and Surgery before the elective begins. ☐ Yes ☐ No

The student has been instructed in safety and precautions for infection control within the past 12 months. ☐ Yes ☐ No

The student has completed HIPAA training. ☐ Yes ☐ No

The student has passed a criminal background check. ☐ Yes ☐ No

The student will pay tuition at his/her home school during the period indicated. ☐ Yes ☐ No

Professional liability coverage ($25,000/$75,000) will be in effect for the student during this elective time. ☐ Yes ☐ No

Personal health insurance will be in effect during this elective time. ☐ Yes ☐ No

The student is current on all required immunizations/titers. (Documentation required) ☐ Yes ☐ No

At the conclusion of the elective, an evaluation will be required. ☐ Yes ☐ No
(Please bring evaluation with you and give to evaluating attending.)

Approved by:_____ Typed Name:_____

Title of approving official:_____Date:_____(mm/dd/yy)

E-mail:_____

Name of School:_____

Address:_____ Phone:_____

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SECTION III: TO BE COMPLETED BY THE TTUHSC SCHOOL OF MEDICINE OFFICE OF STUDENT AFFAIRS

Approved by:_____Date:_____(mm/dd/yy)

ELECTIVE IS NOT APPROVED BY:_____Date:_____(mm/dd/yy)

RETURN THE COMPLETED APPLICATION TO THE ADDRESS LISTED FOR THE REQUESTED CAMPUS. YOU SHOULD RECEIVE AN E-MAIL RESPONSE WITHIN 3 WEEKS AFTER SUBMITTING YOUR APPLICATION (*beginning after May 15)*.