

## PERMISSION TO TAKE OFF-CAMPUS ELECTIVES

Please complete using fillable form (or if completing by hand, please print):

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Host Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Course Title/Specialty: \_\_\_\_\_

Signature Approval Required by GW School of Medicine and Health Sciences Course Director:

\_\_\_\_\_  
*Course Director's Signature – Required*

Dates of Course: From \_\_\_\_\_ to \_\_\_\_\_

Preceptor or Contact Name: \_\_\_\_\_

Preceptor or Contact Number: \_\_\_\_\_

How is this course listed on your schedule: \_\_\_\_\_  
(i.e. med390; med 391; surg390; ped391, etc.)

Does this fulfill a requirement? \_\_\_\_\_ Which requirement? \_\_\_\_\_

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Did you apply through VSAS / VSLO? Yes \_\_\_\_\_ No \_\_\_\_\_

**If NO:** You must contact Dean's Office for approval to ensure there is a current Affiliation Agreement in place. Contact: [Sherrybrody@gwu.edu](mailto:Sherrybrody@gwu.edu).

Dean's Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Please allow a minimum of 90 days to secure and agreement and be advised there is NO GURANTEE one will be reached. **No Student may take any Non-VSAS/VSLO electives without a signed agreement in place.**

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How can we reach you while you're away:

Email address: \_\_\_\_\_

*Please check your email on a regular basis. All class messages will be sent via email.*

Cell phone number: \_\_\_\_\_

**Note:**

*When this information is completed, signed and received by the Dean's Office prior to the beginning date of the elective, credit will be registered and GW malpractice insurance will be in effect.*