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**Extramural Elective/Away Rotation Registration Form**

Courses that require this form will be indicated as such in the course(s)' description on the SMHS MD Online Clinical Course Catalog, [available here](#). This form must be submitted *before* your rotation begins.

Submission Date:

Name of Student:

GW ID Number:

**Are you applying for this Extramural/Away Rotation Election through VSLO/VSAS?** Yes                      No

*If No is selected:* Please reach out to the Office of Student Affairs (OSA) ([sherrybrody@gwu.edu](mailto:sherrybrody@gwu.edu)) to ensure there is a current *Affiliation Agreement* with the host institution in place BEFORE having this form signed and submitted to the MD Registrar.

**Host Institution Information**

Host Institution Course Number:

Name of Host Institution:

Address of Host Institution:

Country of Host Institution (if international):

Host Grading Supervisor/Contact Name:

Host Grading Supervisor/Contact Email Address:

Host Grading Supervisor/Contact Phone Number:

**GW SMHS Extramural Elective Course Information**

GW Department and Course Number [i.e. ORTH 390-393]:

GW Course Title:

Total Week Numbers (i.e. 2, 4, 6):

Specific Dates Taking the Course:

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**Required Approval Signatures:**

**GW Course Director Name (print):**

**GW Course Director Signature Date:**

**GW SMHS Course Director Signature and Date:**

**OSA Coordinator Signature and Date (ONLY if not applying through VSLO):**

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**What to Expect Next:**

This signed, completed form must be submitted to the MD Registrar's Office ([registrarmd@gwu.edu](mailto:registrarmd@gwu.edu)) BEFORE the rotation begins, in order for the student to be enrolled in the above-mentioned GWU course for the stated weeks; once registered for this course, GW malpractice insurance will be in effect. This completed request form will be saved to the student's record and the student will be emailed a registration confirmation along with grading information for the host contact provided.