THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

Office of the Dean

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) 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 Course Name and 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:

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):

What to Expect Next:

This signed, completed form must be submitted to the MD Registrar's Office (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.