

EXTRAMURAL ELECTIVE / AWAY ROTATION  
COURSES REQUEST FORM

Submission Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ GW ID Number: \_\_\_\_\_

**GW SMHS Course Information (\*Required)**

All GW SMHS Course information can be found on the SMHS MD Online Clinical Course Catalog, [available here](#).

GW SMHS Course Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Week Numbers/Dates Taking the Course: \_\_\_\_\_

**Host Institution Information (\*Required)**

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

City, State of Host Institution: \_\_\_\_\_, \_\_\_\_\_

Host Supervisor/Contact Name: \_\_\_\_\_

Host Supervisor/Contact Email Address: \_\_\_\_\_

Host Supervisor/Contact Phone Number: \_\_\_\_\_

Did you apply to take this elective through VSAS / VSLO? Yes \_\_\_\_\_ No \_\_\_\_\_

- If NO: The MD Registrar's office will ensure there is a current *Affiliation Agreement* with the host institution in place. If there is not a current *Affiliation Agreement*, there is no guarantee an agreement will be reached. Please allow a **minimum of 90 days** to secure an agreement.
- No student may take any Non-VSAS/VSLO electives without a signed agreement in place.

**Required Approval Signature**

GW SMHS Course Director Name (print): \_\_\_\_\_

GW SMHS Course Director Signature: \_\_\_\_\_

**What to Expect Next:**

- This completed form must be submitted to the MD Registrar's Office ([registrarmd@gwu.edu](mailto:registrarmd@gwu.edu)) first;
- Upon receipt, you will be registered in a placeholder course (PLCH999) for the requested dates above;
  - If approval is granted, the MD Registrar will enroll you in the above-mentioned 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 your record and you will be emailed a registration confirmation.
  - If approval is denied, you will be notified by the MD Registrar and the placeholder removed from your schedule. It is your responsibility to ensure you meet all degree requirements. This completed request form will be saved to your record.

**For MD Student Affairs & Registrar's Office ONLY:**

Is this student approved or denied to take this elective/away rotation course? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, was the affiliation agreement already on record or was it new? Already on record \_\_\_\_\_ New \_\_\_\_\_ N/A \_\_\_\_\_

- Send this completed document to the MD Registrar's Office Box folder for processing;
- Upon receipt, the student will be notified of the enrollment decision and a copy of this form will be saved to the student's file.