



Faculty Authorization Form

Away Clerkship Elective Credit Request

STUDENT NAME	STUDENT ID
<p>I confirm my understanding that I must be enrolled in good standing at the Stanford University School of Medicine (SoM) when taking an away clerkship. Elective credit for the away clerkship will be granted after the SoM Registrar's Office receives my completed authorization form and also receives an evaluation form from the away clerkship preceptor.</p>	
STUDENT SIGNATURE:	DATE:

AWAY ELECTIVE CLERKSHIP INFORMATION			
INSTITUTION/HOSPITAL/FACILITY NAME	CLERKSHIP NAME		
PRECEPTOR/DIRECTOR NAME	PRECEPTOR/DIRECTOR EMAIL ADDRESS	DATES	# WEEKS

CORRESPONDING STANFORD CLERKSHIP INFORMATION		
Please provide the SoM clerkship information that best corresponds with the away clerkship listed above.		
DEPARTMENT AND CLERKSHIP NUMBER (W)	CLERKSHIP TITLE	PERIOD
NAME OF STANFORD CLERKSHIP DIRECTOR		
<p>List the away clerkship on your study list in Axess using the department and clerkship number of the closest matching Stanford clerkship, adding the suffix "W". For example: SURG 313W</p>		

OBTAIN APPROVAL FROM THE MD PROGRAM ADVISING DEAN

MEDICAL STUDENT ADVISING DEAN SIGNATURE DATE

<p>Submit this completed form along with a copy of the away clerkship institution's acceptance notification to:</p> <p>Caroline Cheang, MBA Associate Director of Clerkship Administration Office of Medical Student Affairs 1265 Welch Road, MSOB X1C06 Stanford, CA 94305-5404</p> <p>Email: Cheang@stanford.edu</p>	<p>FOR OFFICE USE ONLY:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Enter in the Draw <input type="checkbox"/> Create clerkship in PeopleSoft <input type="checkbox"/> Add in AXESS <input type="checkbox"/> Enter on Sequel Evaluations
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