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.

STUDENT SIGNATURE: ________________________________

DATE: ________________

## AWAY ELECTIVE CLERKSHIP INFORMATION

<table>
<thead>
<tr>
<th>INSTITUTION/HOSPITAL/FACILITY NAME</th>
<th>CLERKSHIP NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRECEPTOR/DIRECTOR NAME</td>
<td>PRECEPTOR/DIRECTOR EMAIL ADDRESS</td>
</tr>
</tbody>
</table>

## CORRESPONDING STANFORD CLERKSHIP INFORMATION

Please provide the SoM clerkship information that best corresponds with the away clerkship listed above.

<table>
<thead>
<tr>
<th>DEPARTMENT AND CLERKSHIP NUMBER</th>
<th>CLERKSHIP TITLE</th>
<th>PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>(W)</td>
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<table>
<thead>
<tr>
<th>NAME OF STANFORD CLERKSHIP DIRECTOR</th>
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<tr>
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</tbody>
</table>

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

## OBTAIN APPROVAL FROM THE MD PROGRAM ADVISING DEAN

MEDICAL STUDENT ADVISING DEAN SIGNATURE: ________________________________

DATE: ________________

Submit this completed form along with a copy of the away clerkship institution’s acceptance notification to:

Caroline Cheang, MBA
Associate Director of Clerkship Administration
Office of Medical Student Affairs
1265 Welch Road, MSOB X1C06
Stanford, CA 94305-5404

Email: Cheang@stanford.edu

FOR OFFICE USE ONLY:

- Enter in the Draw
- Create clerkship in PeopleSoft
- Add in AXESS
- Enter on Sequel Evaluations

Revised 10/2018