

Faculty Authorization Form

Request for Elective Credit for Away Clerkship

STUDENT NAME	STUDENT ID
<p>The student understands that he/she must be enrolled at Stanford SOM at the time he/she takes this clerkship. Elective credit will be granted for the away clerkship only after the School of Medicine Registrar's Office receives this completed form and receives a completed evaluation form for the away clerkship.</p>	
<p>_____</p> <p>STUDENT'S SIGNATURE DATE</p>	

AWAY ELECTIVE CLERKSHIP INFORMATION		
INSTITUTION/HOSPITAL/FACILITY	CLERKSHIP PRECEPTOR (if known) OR DIRECTOR	
CLERKSHIP NAME	CLERKSHIP DATES	# of WEEKS

CORRESPONDING STANFORD CLERKSHIP INFORMATION		
<p>Please indicate the department name, clerkship number, Title, Faculty Instructor, and units of the Stanford clerkship which most closely resembles your away clerkship:</p>		
DEPARTMENT AND CLERKSHIP NUMBER	CLERKSHIP TITLE	PERIOD
(W)		
NAME OF CLERKSHIP DIRECTOR AT STANFORD		
<p>List the away clerkship on your study list in AXESS using the department and clerkship number of the closest Stanford clerkship with the suffix "W". Example: SURG 313W</p>		

REQUIRED SIGNATURE FOR APPROVAL OF ELECTIVE CLERKSHIP CREDIT

MEDICAL STUDENT ADVISING DEAN SIGNATURE DATE

<p>RETURN THIS FORM WITH A COPY OF YOUR ACCEPTANCE NOTIFICATION FROM THE AWAY INSTITUTION TO:</p> <p>CAROLINE CHEANG, MBA ASSISTANT DIRECTOR OF CLERKSHIP ADMINISTRATION OFFICE OF STUDENT AFFAIRS 1265 WELCH ROAD, MSOB X373 STANFORD, CA 94305-5404 (650) 498-7619</p>	<p>FOR OFFICE USE ONLY:</p> <p><input type="checkbox"/> Enter on Draw System</p> <p><input type="checkbox"/> Create clerkship in PeopleSoft</p> <p><input type="checkbox"/> Add on AXESS</p> <p><input type="checkbox"/> Enter on Sequel Evaluations</p>
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