

Faculty Authorization Form

Request for Credit for Away Selective Clerkship

Steps:

1. Complete items 1-3 below, including obtaining the signature of an academic advising dean and the comparable Stanford clerkship director.
2. Send to Brian Herman, Assistant Director of Clerkship Education, at bherman8@stanford.edu. Please also attach your letter of acceptance to the away clerkship.
3. The form will be reviewed by the Assistant Dean for Clerkship Education for final approval.

1. STUDENT INFORMATION			
STUDENT NAME		STUDENT ID	
2. AWAY CLERKSHIP INFORMATION			
CLERKSHIP TYPE <input type="checkbox"/> SELECTIVE I (FUNDAMENTALS OF CLINICAL CARE) <input type="checkbox"/> SELECTIVE II (SUBINTERNSHIP)		NAME AND DEPT OF STANFORD CLERKSHIP	
INSTITUTION OF AWAY CLERKSHIP	COURSE NAME OF AWAY CLERKSHIP	DATES OF AWAY CLERKSHIP	PERIOD
3. PRELIMINARY REVIEW: REQUIRED SIGNATURES			
<input type="checkbox"/> After review and discussion with the student, I approve this petition.			
_____ ACADEMIC ADVISING DEAN SIGNATURE		_____ DATE	
<input type="checkbox"/> I have reviewed the away clerkship content and confirm that this away clerkship can provide a reasonably comparable experience to that of the corresponding Stanford clerkship.			
_____ STANFORD CLERKSHIP DIRECTOR SIGNATURE		_____ DATE	
4. FINAL REVIEW: REQUIRED SIGNATURE			
<input type="checkbox"/> I have reviewed this petition, and determine that the away clerkship length is equal to the length of the corresponding Stanford clerkship; and an NBME subject exam is included as a requirement for passing the away clerkship (if NBME exam is used in the corresponding Stanford clerkship).			
_____ ASSISTANT DEAN OF CLERKSHIP EDUCATION SIGNATURE		_____ DATE	

FOR OFFICE USE ONLY:

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