

Faculty Authorization Form

Request for Substitution for Selective Clerkship

Students wishing to substitute another clerkship not on the list may petition the CCAP for approval prior to enrolling in the clerkship. Students should know that approval of substitutions for selective clerkships is rarely given. Retroactive approval of selective clerkship substitutions will not be granted. Please refer to <http://med.stanford.edu/md/mdhandbook/selectiverequirement.html> for additional Selective information.

Instructions: Complete Items 1-3. Submit form along with a description of the clerkship to:

Bahij Austin, Office of Medical Education
 1265 Welch Road, MSOB x337, MC 5404
 Phone 650.725.2973 – Fax 650.725.7855 – Email bahij@stanford.edu

1. STUDENT INFORMATION	
STUDENT NAME	STUDENT ID
2. SUBSTITUTE CLERKSHIP INFORMATION	
CLERKSHIP NAME AND DEPT/NUMBER	REQUESTING SUBSTITUTION FOR: <input type="checkbox"/> SELECTIVE I <input type="checkbox"/> SELECTIVE II (SUBINTERNSHIP)
CLERKSHIP DIRECTOR	
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"/> After review of the Selective clerkship requirements, and with knowledge of _____ (<i>Dept/Number of substitute clerkship</i>), I confirm that this clerkship provides responsibilities and experience sufficient to fulfill the Selective clerkship requirement.	
_____	_____
CLERKSHIP DIRECTOR SIGNATURE	DATE
4. FINAL REVIEW: COMMITTEE ON CURRICULUM AND ACADEMIC POLICY (CCAP)	
<input type="checkbox"/> I have reviewed and approve this petition.	
_____	_____
ASSISTANT DEAN OF CLERKSHIP EDUCATION SIGNATURE	DATE
<input type="checkbox"/> This petition has been reviewed and approved by the Committee on Curriculum and Academic Policy.	
<input type="checkbox"/> This petition has been reviewed and denied by the Committee on Curriculum and Academic Policy.	
_____	_____
CCAP CHAIR SIGNATURE	DATE