



Section I – Student Complete

Student Name (please print)

Student ID#

Class

I wish to enroll in the following community clinic elective (mark one):

√	CLINIC	COURSE #	Units/Reg	Units/CoD
	Bayanihan Clinic	IMD 464		
	Clinica Tepati	FAP 434		
	Imani Clinic	FAP 435		
	Joan Viteri Memorial Clinic	IDI 450		
	Paul Hom Asian Clinic	IMD 494		
	Shifa Clinic	OBG 494		
	Student Run Clinics, General	MDS 455	1	NA
	Willow Clinic	PSY 423		

Indicate the quarter(s) and year(s) of participation:

Summer	Fall	Winter	Spring
--------	------	--------	--------

Duration of elective:

From: _____

To: _____

MS1's – for Financial Aid auditing purposes,

I will be working in the above clinic _____ # days from _____ to _____ for _____ units.

Student Signature

Date

Section II – Student Gets Approval from Clinic Director

I approve this elective request and have filled in the # of units (above) that the student will receive:

Clinic Medical Director/Administrator

Date

Section III – to be completed by Student Records

Student is not on probation* and all health requirements have been met.

Registrar's Office Staff, School of Medicine

Date

*Student on Probation and approval has been granted by Assoc. Dean of Student Affairs: _____

Keyed: _____ By: _____ Date: _____