

## *Request for Approval of Away Elective*

**A. Application Information** *(To be completed by student. Please print.)*

\_\_\_\_\_ *Is this a VSAS or Non-VSAS elective?* \_\_\_\_\_  
*(Student Name)*

\_\_\_\_\_ *(Host Institution/Hospital Name and Full Address)* \_\_\_\_\_ *(Street, City, State, Zip)*

\_\_\_\_\_ *(Title of Elective)* \_\_\_\_\_ *Sponsor/Supervisor's Name* \_\_\_\_\_ *(Dates of externship)*

\_\_\_\_\_ *(Is the address listed above the location of the activity? If yes, please indicate. If no, please provide location address.)*

\_\_\_\_\_ *(Student signature)* \_\_\_\_\_ *(Date)*

**B. Pre-Approval by Advisor** *(To be completed by Advisor)*

Please check one of the following:  Pre-Approved  Denied

\_\_\_\_\_ *(Signature)* \_\_\_\_\_ *(Extension)* \_\_\_\_\_ *(Date)*

**C. Course Description** *Copy of course description of away elective*

*(Please attach the course description from the host institution describing the elective.)*

**D. Host Institution Approval** *(Please attach the email approval from the host institution stating that you have been approved for the elective described above.)*

**E. Registrar Office Certification** *(To be completed by Registrar's Office)*

This student is in good academic standing and has obtained permission to apply for the elective identified above.

\_\_\_\_\_ *(Registrar signature)* \_\_\_\_\_ *(Date)*

**Please note:** This completed form (sec A – E) should be forwarded to the Registrar's Office for processing and must be completed no later than four (4) weeks prior to the start date of the externship. Thank you.