



UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE AT

Office of Academic Affairs
Box 1649 (One Illini Drive)
Peoria, Illinois 61656-1649

VISITING STUDENT APPLICATION FOR MEDICAL INFORMATICS ELECTIVE

RETURN THIS FORM TO:

Amber Asher, Academic Affairs, University of Illinois College
of Medicine at Peoria, Box 1649, Peoria, Illinois 61656-1649

SECTION I: TO BE COMPLETED BY STUDENT

Year in medical school at the start of this elective: M4 M3 Male Female

Name _____
First Middle Last

Address _____
Street City State Zip

Phone _____ Pager _____ E-mail _____

Are you interested in a residency at UICOM-P: No Yes Specialty _____

Clerkships you will have completed prior to the start of the elective requested:

Family Medicine Medicine Obstetrics/Gynecology Pediatrics Psychiatry Surgery

Course Number/Title for which application is made: _____ Dates for which application is made: (rank order)

1. ELEC 156: SURVEY OF MEDICAL INFORMATICS 1. _____ 2. _____ 3. _____

Student's Signature _____

Date _____

SECTION II: TO BE CERTIFIED/COMPLETED BY OFFICIAL AT STUDENT'S MEDICAL SCHOOL

The medical student named above:

- is is not attending an institution accredited by LCME or AOA, or an international school with an affiliation agreement
- is is not in good standing at this school
- will will not have completed clerkships as indicated above at the start of the requested elective
- will will not pay tuition at this school during the period indicated
- will will not be required to have an evaluation completed at the conclusion of the course; *provide form if required.*
- is is not authorized to take this clerkship/externship

Printed Name / Signature _____ Title _____

School _____ Phone _____ Fax _____ E-mail _____

Street _____ City _____ State _____ Zip _____

SECTION III: TO BE COMPLETED BY UICOMP DEPARTMENT DESIGNEE OF ELECTIVE

The medical student named above is: approved denied for participation in the following elective.

ELEC 156 SURVEY OF MEDICAL INFORMATICS
Course Number Course Title Dates of Rotation

The student will need to contact Emily Johnson (emj11@uic.edu) at least one week prior to the elective.

Signature _____ Date _____

SECTION IV: TO BE COMPLETED BY UICOMP ASSOCIATE DEAN FOR ACADEMIC AFFAIRS

The medical student named above is: approved denied for participation in the above elective.

Signature _____ Date _____

March 2017