

**PERMISSION TO TAKE OFF-CAMPUS ELECTIVES**

Please print

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Host Institution: \_\_\_\_\_

Course Title/Specialty: \_\_\_\_\_

Signature Approval Required by (GWUSOM) Course Director:

\_\_\_\_\_  
*Course Director's Signature- Required*

Dates of Course -- from \_\_\_\_\_ to \_\_\_\_\_

Preceptor or Contact Name : \_\_\_\_\_

Preceptor or Contact Number: \_\_\_\_\_

How is this course listed on your schedule: \_\_\_\_\_  
*(i.e., med390; med391, surg390; ped391, etc.)*

Does this fulfill a requirement? \_\_\_\_\_ Which requirement? \_\_\_\_\_

\*\*\*\*\*  
How can we reach you while you're away:

Email address: \_\_\_\_\_  
***Please check your email on a regular basis, all class messages will be sent via email.***

Cell phone number: \_\_\_\_\_ Home phone voice message: \_\_\_\_\_

***Note:***  
***When this information is completed, signed and received by the Dean's Office prior to the beginning date of the elective, credit will be registered and GWU malpractice insurance will be in effect.***