

PERMISSION TO TAKE OFF-CAMPUS ELECTIVES

Please print

Name: _____ Date: _____

Name of Host Institution: _____

Course Title/Specialty: _____

How is this course listed on your schedule as: _____ (i.e., med390; surg390; ped391, etc.)

Dates of Course – from _____ to _____

Preceptor or Contact Name : _____

Preceptor or Contact Number: _____

Does this fulfill a requirement: _____

How can we reach you while you're away:

Email address: _____ Please check on a regular basis, all class messages will be sent via email.

Cell phone number: _____ Home phone voice message: _____

Comments/Notes:

Signature (Required): _____

Department of: _____

Note: When this information is completed and approved by the student's advisor and the Dean for Curricular Affairs, and when 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.