

PLEASE TYPE OR PRINT

# The University of Alabama School of Medicine - BIRMINGHAM

## MEDICAL STUDENT APPLICATION FOR EXTRAMURAL COURSE

**NOTE:** Students from Non-LCME/USA Medical Schools can only apply if:  
a) their home school has a cooperative exchange agreement with UAB OR b) they have a UASOM faculty member as a sponsor

**PART I** (To be completed by student) e-mail address \_\_\_\_\_ beeper # \_\_\_\_\_

Student's name \_\_\_\_\_ Home phone ( ) \_\_\_\_\_ SS# \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Currently enrolled as a \_\_\_\_\_ year student at \_\_\_\_\_

Course for which application is made: 1st choice \_\_\_\_\_  
 (Give name and course #) 2nd choice \_\_\_\_\_  
 3rd choice \_\_\_\_\_

Date(s) of course(s) from beginning through completion:  
 1st choice \_\_\_\_\_ to \_\_\_\_\_  
 2nd choice \_\_\_\_\_ to \_\_\_\_\_  
 3rd choice \_\_\_\_\_ to \_\_\_\_\_

**NON-REFUNDABLE APPLICATION FEE (per elective): \$50.00** for LCME accredited U.S. Medical School students; **\$100.00** for International Medical Schools **\*\*CHECKS ONLY: made payable to UASOM (fee waiver applicable only to students from international cooperative exchange agreement schools). International requirements: 1. Financial institution statement in English; 2) Verification of Immunizations; 3) CV; 4) If no exchange agreement student must have UASOM faculty sponsor letter. Mandatory Liability Insurance coverage provided by UASOM is \$25 (see #5 below).**

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

**PART II** - to be completed by DEAN OF STUDENTS, or comparable official, of the Medical School where student is enrolled

	Yes	No
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- The medical student named above IS in good standing at this institution. ....
- The student has reviewed course(s) prerequisites as shown on Sr. Course Catalog found at [www.uab.edu/uasom](http://www.uab.edu/uasom).  
The student has met (or will have met) all prerequisites before arrival.  
It is understood that removal from the course will occur if prerequisite(s) has/have not been met.
- The medical student named above **WILL** receive elective credit for above-mentioned course .....
- The medical student **WILL** pay tuition at our school during period indicated .....
- Professional liability/medical malpractice insurance, **limits of \$1,000,000** per occurrence & **\$3,000,000** annual aggregate, is provided by UASOM for \$25. No other liability coverage will be accepted for the student's stay. Payment is to be made by **Check ONLY** to: UAB Professional Liability Trust Fund NA ----NA---
- Personal health/hospital insurance **DOES** cover the student while away from our school .....  
**YES** - copy of insurance must be sent along with amount of deductible and coverage.  
**NO** - student health insurance may be purchased on campus.
- The medical *student will hand carry* an evaluation form from our school to be given to the appropriate preceptor at the end of the elective (UASOM Academic Scheduler has no responsibility over evaluation form).....  
(School Seal Must Appear Over Official Signature)

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Medical School Name: \_\_\_\_\_

& Address \_\_\_\_\_

**PART III :** This Request is Approved Not Approved Date:

**Student will report to:** Volker Hall P100, Rm 109 - Lu Braswell, Academic Scheduler, at 8:00 AM on or before (Date) \_\_\_\_\_.

**Fees:** (CHECKS ONLY) Professional Liability Insurance \$ 25.00; Elective per course \$ \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Academic Scheduler