



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799

R.O. USE ONLY



USU Fourth-Year Clerkship/Subinternship
Description Form

***** Students, please complete 1 thru 9 ONLY *****

1. This course is being established for: _____
Student's Name

2. Title of Course
Clerkship: _____ Subinternship: _____
4 week duration 8 week duration
Requested dates: _____

3. Department: _____

4. Text: _____

5. USU Coordinator: _____

6. On-site Coordinator: _____
Person to whom evaluation form should be sent

7. Location: _____
Please include a FULL mailing address with city, state, and zip code

Telephone number: _____

8. General Objectives: _____

9. Description: _____

***** Coordinators, please complete items 10 thru 13 *****

10. Grading:
[] Letter Grade (for all required courses)
[] Pass/Fail (For all elective courses)
Grading Criteria (Attach a copy of any grading criteria given to students)

11. Catalogue:
[] Yes, I wish to have this appear in the catalogue
[] No, I do not wish to have this appear in the catalogue

12. Notes: _____

13. Approved: _____ Date: _____

USU Department
Forth-Year Coordinator: _____ Phone: _____