

_____ *Date*

_____ *Institution*

_____ *Coordinator/Faculty POC*

_____ I request to PARTICIPATE in the following:

_____ I request to CANCEL the following:

Department of: _____

Clerkship/Subinternship: _____

USUHS Course No: _____

Requested Dates: _____

Block(s): _____

_____ *Student's NAME, GRAD YEAR*

_____ *Student's ADDRESS*

_____ *Student's SIGNATURE*

_____ *Student's E-MAIL*

_____ *Student's SSN/SERVICE*

_____ *Student's PHONE*

DO NOT WRITE BELOW THIS LINE / DO NOT DETACH

The following information is to be completed by the Coordinator/Faculty POC:

This confirms that _____ the above-named student has been (scheduled to participate in / cancelled) the _____ clerkship/subinternship during the timeframe of _____.

Signature (Coordinator/Faculty POC) Date

Phone & FAX number / E-mail

Please return this form to the Office of the Registrar, ATTN: Mrs. Flanisha Barrett, 4301 Jones Bridge Road, Bethesda, MD 20814-4799.