

\_\_\_\_\_ *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***  
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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, 4301 Jones Bridge Road, Bethesda, MD 20814-4799.**