

**UNIVERSITY OF COLORADO DENVER  
SCHOOL OF MEDICINE  
APPROVAL FORM FOR COURSE WORK AWAY**

One of our medical students has applied to do an elective at your institution. Please complete Section II and III of this form and return it to the medical student listed below. While participating in a rotation in the US, the student will be covered by UC malpractice insurance; and will have student health coverage. Students who are approved for a foreign rotation are advised that the University of Colorado Self Insurance and Risk Management Trust does not provide malpractice coverage for their activities outside the U.S. Upon completion of the elective a written evaluation with narrative comments is required. Upon arrival, our student will give your course director an evaluation form with a return address. To receive academic credit, students must register one-month prior to beginning the course.

**SECTION I:**

Printed Student Name and Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Student's e-mail address: \_\_\_\_\_

**UCDSOM Course Name and Number:** \_\_\_\_\_ **Section #:** \_\_\_\_\_ **# of weeks:** \_\_\_\_\_

**SECTION II: (To be completed by accepting institution.)**

Name and address of institution where elective will be taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION III: (To be completed by accepting institution.)**

The above mentioned student has been accepted for the following elective:

Course title: \_\_\_\_\_

Dates accepted for: \_\_\_\_\_

Print name and title of preceptor for the above course: \_\_\_\_\_

Phone number for preceptor: \_\_\_\_\_

Print name and title of person completing this form: \_\_\_\_\_

Phone number of person completing this form: \_\_\_\_\_

E-mail address of person completing this form: \_\_\_\_\_

---

---

**FOR UCDSOM USE ONLY: UCDSOM APPROVAL**

1. UCDSOM Course Director: \_\_\_\_\_ Date Approved: \_\_\_\_\_  
(see course book for appropriate course director)

2. UCDSOM Course Director: if the course is a subinternship, does it fulfill the four week Sub I requirement  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

3. Associate Dean for Student Affairs: (international rotations)

\_\_\_\_\_ Date Approved: \_\_\_\_\_