UC DAVIS HEALTH | SCHOOL OF MEDICINE

Registrar's Office

Student-Run Clinic Enrollment Form

Section I – Student Complete
Incomplete forms will not be processed

_____

Student Name (please print)   Student ID#   Class

I wish to enroll in the following student-run clinic for credit toward my Spring Elective:

√	CLINIC	COURSE #	Units/Reg	Units/CoD
	Bayanihan Clinic	IMD 464		
	Clinica Tepati	FAP 434		
	Clinica Tepati – Knights Landing	FAP 437		
	Imani Clinic	FAP 435		
	Joan Viteri Memorial Clinic	IDI 450		
	Paul Hom Asian Clinic	IMD 494		
	Shifa Clinic	OBG 494		
	Student Run Clinics, General	MDS 455		
	Willow Clinic	PSY 423		

Indicate the quarter(s) and year(s) of participation: Duration of elective:

Summer	Fall	Winter	Spring
_____Yr	_____Yr	_____Yr	_____Yr

From: _____

To: _____

MS1's – for June Financial Aid [2 weeks must be in June] auditing purposes,

I will be working in the above clinic _____ # days from _____ to _____ for _____ units.

_____   _____

Student Signature   Date

Section II – Student Gets Approval from Clinic Director or Administrator

I approve this elective request and have filled in the # of units (above) that the student will receive:

_____   _____   _____

Signature Clinic Medical Director/Administrator   Print Name   Date

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Office Use Only

☐ Student is not on probation* and is in compliance with all health and online training requirements. _____ _____
                                                                                                   Intials   Date

☐ Student on Probation and approval has been granted by Assoc. Dean of Student Affairs: _____

Date Keyed: _____   By: _____