

## University of California, Davis School of Medicine, Registrar's Office

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## Section I - Student Complete

Student Name (please print)					Student ID#	Class		
I wish	to enro	oll in the follo	owing student-ru	un clinic ele	ctive (mark one):			
V	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	1	NA	
	Willov	w Clinic			PSY 423			
Indicate the quarter(s) and year(s) of participation:					Duration of elective:			
Summer Q. Fall Winter Spring					From:			
	Yr	Yr	Yr	Yr				
	11  11  11  11  11  11  11  11  11  11  11  11  11  11  11  11  11  11  11  11							
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.	
	JC WOI.	King in the a						
	oc wor.							
Studen						Date		
Studen	t Signa	nture	ets Approval	from Clinic	: Director or Adminis			
Studen	t Signa	nture Student G			Director or Adminis	trator	l receive:	
Studen	t Signa	nture Student G			c Director or Adminis the # of units (above) the	trator	l receive:	
Studen Section I appro	t Signa  on II –  ove thi	nture  Student Ge is elective re	equest and hav	e filled in t		trator at the student wil		
Studen Section I appro	t Signa  on II –  ove thi	nture Student G	equest and hav	e filled in t	he # of units (above) th	trator at the student wil	l receive:	
Studen  Section  I appropriate Sign: Clinic in the section of the	t Signa  on II –  ove thi  Medica	Student Go is elective re	equest and hav	e filled in t	he # of units (above) th	trator at the student wil		
Studen  Section  Sign: Clinic	t Signa on II – ove thi Medica	Student Go is elective re al Director/A – to be co	dministrator	e filled in t Name: Student R	he # of units (above) th	trator at the student wil	Date	
Studen  Section  I appro  Sign: Clinic in Section  Sectio	on II – ove this Medica	Student Go is elective re al Director/A — to be co is not on pre	dministrator	e filled in t  Name:  Student F  in compliance	he # of units (above) the	trator at the student wil	Date	
Studen  Section  I appro  Sign: Clinic in Section  Registre	t Signa on II – ove thi Medica on III Student	Student Go is elective re al Director/A — to be co is not on pre	dministrator  mpleted by a bation* and is chool of Medicin	ne filled in to the Name:  Student From the compliant of the compliant	he # of units (above) the	trator  at the student wil	Date  ements.  Date	