



**Section I – Student Complete**

Student Name (please print)

Student ID#

Class

I wish to enroll in the following student-run clinic elective (mark one):

√	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
	Willow Clinic	PSY 423		

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

Duration of elective:

Summer Q.	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:

Sign: \_\_\_\_\_ Name: \_\_\_\_\_

Clinic Medical Director/Administrator

Date

**Section III – to be completed by Student Records**

Student is not on probation\* and is in compliance with all health and online training requirements.

Registrar's Office Staff, School of Medicine

Date

\*Student on Probation and approval has been granted by Assoc. Dean of Student Affairs: \_\_\_\_\_

Keyed: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Student-Run Clinic Elective Form