

Medical College of Georgia School of Medicine  
Augusta, Georgia  
Telephone (706) 721-9774 Fax (706) 721-7244 e-mail [charper@mcg.edu](mailto:charper@mcg.edu)

**APPLICATION FOR ELECTIVE FOR VISITING MEDICAL STUDENTS**

**PART I (TO BE COMPLETED BY STUDENT)**

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

Date of Birth: \_\_\_\_\_ SSN# \_\_\_\_\_ Sex: \_\_\_\_\_

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

Telephone \_\_\_\_\_ alternate \_\_\_\_\_

E-mail address \_\_\_\_\_

I will / will not have completed my required clerkship and will be a \_\_\_\_ year student at

Name of School (check one) \_\_\_ School of Medicine or \_\_\_ Osteopathic School

Required clerkships not completed when elective requested: \_\_\_\_\_

**ELECTIVE(S) DESIRED**

Course # (1<sup>st</sup> choice) \_\_\_\_\_ (2<sup>nd</sup> choice) Course # \_\_\_\_\_

Primary Dates: (inclusive) \_\_\_\_\_

Secondary Dates: (inclusive) \_\_\_\_\_

Student's signature \_\_\_\_\_ Date: \_\_\_\_\_

**PART III to be completed by the Curriculum at the Medical College of Georgia**

The above named student has been accepted for \_\_\_\_\_  
on the following dates: \_\_\_\_\_.

Please report to: \_\_\_\_\_ Phone \_\_\_\_\_

Room/Bldg \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

**Additional information/instructions will be sent via e-mail and/or U.S. mail.**

Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Curriculum Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**After part I is completed attach Part II (which is to be completed by the Dean's office) and the immunization form (all forms are on line) <http://www.mcg.edu/SOM/coffice/index.htm> and return to:**

Ms. Cora T. Harper  
Medical College of Georgia  
Curriculum Office, School of Medicine  
1120<sup>th</sup> 15<sup>th</sup> Street, Room CB 1803  
Augusta, GA 30912-4765



**ATTACHMENTS:** Part II of Application  
MCG Immunization form