

*University of Central Florida College of Medicine
Service Learning/Extracurricular Activity Approval Form*

Student Name:	
Current Class (M1, M2, etc.):	
Organization (if applicable):	

Activity

Please check ALL that apply:

- Service Learning – checking this box means you would like this activity to count as service learning. This requires a self-reflection to be submitted at the end of the experience, but no later than the end of the current academic year.
- Research (e.g. summer experience)
- Clinical Experience (e.g. free clinic, shadowing)

- International Experience – must have the approval of Dr. Judith Simms-Cendan.
Approved? YES NO

Judith Simms-Cendan, MD, Director of International Experiences

Charity/Organization Name	
Supervisor	
Contact person and contact information	

Description of Student Role/Service

Please provide a description of the types/extent of your responsibilities. For Clinical Experiences, include clinical specialty and your level of responsibility for patient care. Also include the amount of time each day spent in clinical activities. For Research Experiences this should include descriptive title, statement of objectives, outline of approach, and the amount of time you will be dedicating to this project.

Dates of participation	
Away from UCF COM?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, location: _____

Student Signature	
Associate Dean of Students Signature	