



**UNIVERSITY OF CENTRAL FLORIDA
COLLEGE OF MEDICINE
FOURTH YEAR (M4)**

PETITION FOR SPECIAL CLINICAL STUDY CREDIT FOR INTERNATIONAL CLERKSHIP (MDE 8072)

This form must be completed and approved 6 weeks prior to the international clerkship start date. Failure to do so may result in a "not for credit" elective month.

- ✓ You must complete all sections of this petition form and obtain all signatures before you will be registered for the course for credit. (You must be registered in order for liability coverage to be in effect.)
- ✓ Please attach a copy of the international clerkship description.
- ✓ No credit will be granted for work for which a student has been paid.
- ✓ Student may not be supervised by a parent or relative.

STUDENT NAME: _____ **PID:** _____

Rotation Start Date: _____ **Rotation End Date:** _____

Duration of Elective: 4 Weeks 2 Weeks Other: _____

International Location/Institution	
Address, City, State & Zip Code	
International Location Supervising Faculty or Contact Person	
International Supervising Faculty or Contact Person E-mail Address	Contact Telephone #

Student's Signature Date

UCF COM Director of International Health Programs Signature Approval	Date
UCF COM Associate or Assistant Dean for Students Signature Approval	Date