

UCCOM Visiting Student Application – Dean or Registrar's Verification

This section **must** be completed by the Dean or Registrar of your medical school (not the applicant). Complete this form electronically. Do **not** complete by hand. Saved forms will not retain the information entered.

Name of Applicant:

Name of School:

Street Address:

City/State/Zip:

Province/Country:

Phone Number:

Standard length of time to complete MD program:

Student's year of medical school:

Student's expected graduation date:

Student is approved to do away/international electives:

Student is in good academic standing:

Student has **taken** and **passed** United States

Medical Licensing Examination (USMLE) Step 1:

If yes, Score:

Student will pay tuition at home school while away:

Student is taking the away/international elective for credit:

A written evaluation will be required at the end of course:*

Student will be covered by malpractice insurance coverage of \$1,000,000 during rotation at COM:

Student is required to have personal health insurance while at his/her home school:

Student is fluent in English:

Has student taken Test of English as a Foreign Language (TOEFL) exam?:

If YES, please give score and date taken:

Score:

Date:

* Note: UCCOM faculty are not obligated to complete non-UCCOM evaluation forms.

To be completed by Dean or Registrar

Authorized by:

Date:

Signature

Name:

Title:

Print or type