



## University of Cincinnati College of Medicine (UCCOM) Visiting Student Application

**Complete this form electronically. Do not complete by hand.  
Saved forms will not retain the information entered.**

Name of Applicant:

Social Security Number:  
(if applicable)

Date of Birth:

Gender:

Medical School Attending:

Country of Medical School:

### **Mailing Address:**

Street :

City:

State:

Zip:

Country:

Telephone:

Email Address:

### **Permanent Address:**

Street :

City:

State:

Zip:

Country:

Telephone:

Email Address:

Same as Mailing Address

Emergency Contact Name:

Emergency Contact Phone Number:

Signature of Student: \_\_\_\_\_

Date:



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## Clerkship Choices (to be completed by the student)

Visiting students are limited to a maximum of eight (8) weeks of clinical rotations. Please list below clerkship choice(s) and hospital site preference, if applicable.

UCCOM students will have first priority in elective rotation assignments.

Departments/Electives to choose from: Anesthesiology, Dermatology, Emergency Medicine, Family Medicine, Internal Medicine (Div: Cardiology, Digestive Disease, Endocrinology, General Medicine, Hematology/Oncology, Immunology, Infectious Diseases, Nephrology, Pulmonary Med.), Neurology, Neurosurgery, Obstetrics and Gynecology, Ophthalmology, Orthopedic Surgery, Pathology, Pediatrics (CCHMC), Psychiatry, Radiology, Radiation Oncology, and Surgery.

Name of Applicant:

Maximum No. of Weeks desired:



1<sup>st</sup> Choice

2<sup>nd</sup> Choice

3<sup>rd</sup> Choice

Elective Name:

Rotation Dates:



Please attach a separate sheet for additional choices.  
UCCOM is not able to guarantee that your choices will be available.

**Office of Global Health approval:**

Signature:

Name : **Jason Blackard, Ph.D.**

Title: **Director, Office of Global**

Phone: **513-558-4389**

Please return completed forms directly to the Office of Global Health via email to [Jason.Blackard@uc.edu](mailto:Jason.Blackard@uc.edu)