RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY NEW JERSEY MEDICAL SCHOOL

Registrar's Office

Phone (973) 972-4640 Fax (973) 972-6930 185 South Orange Avenue MSB B-640 Newark, New Jersey 07103

Request for Approval of 3rd or 4th Year Externship

Stude	nt Name)	(U.I.N.)	(Class)
(Host Institution/Hospital Name and Full Address)			(Street, City, State, Zip)
Title (of Externship)		(Dates of externship)
Is the	address listed above the location of the activity? If y	ves, please indicate. If no, please provice	le location address.)
Stude	nt signature)		(Date)
3.	Pre-Approval (To be completed by NJMS Department Chair or Designee) Please check one of the following: □ Pre-Approved □ Denied		
	(Department Signature and Title)	(Extension)	(Date)
С.	Registrar Office Certification (To be completed by NJMS Registrar's Office)		
	This student is in good academic standing and has obtained permission to apply for the externship identified above.		
	(Registrar signature)	(Date)	
D.	Host Institution Approval (To be completed by Host Institution Sponsor)		
	Choose one:		
	 This student has been accepted for placement into the above-mentioned externship. This student has not been accepted for placement into the above-mentioned externship Acceptance letter attached. 		

Please note: After completion of Steps A and B, this form should be forwarded to the NJMS Registrar's Office for processing. Externship approval must be received no later than four (4) weeks prior to the start date of the externship. Thank you.