UCCOM Visiting Student Application – Dean or Registrar's Verification

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

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: Student will pay tuition at home school while away: Student will pay tuition at home school while away: Student 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:	Name of Applicant:	
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