

# Application for Visiting Student Clerkship Tulane University Medical School

1. \_\_\_\_\_ Date: \_\_\_\_\_  
(Last Name, First, Middle)

2. \_\_\_\_\_  
(Name of Student's Medical School)

3. Complete current mailing address, phone number and email (if available):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

4. Check as appropriate:

\_\_\_\_\_ I am now a senior medical student (final year)  
\_\_\_\_\_ I will be a senior medical student at the time of the clerkship

5. Department in which you wish to study at Tulane: \_\_\_\_\_

6. List subspecialties within the Department in the order of your preference:

a) \_\_\_\_\_

b) \_\_\_\_\_

Alternate subspecialties if there are no openings in the above indicated choices:

c) \_\_\_\_\_

d) \_\_\_\_\_

7. Period during which you wish to study at Tulane:

\_\_\_\_\_ to \_\_\_\_\_  
(Arrival Date to Last Clerkship Day)

Number of weeks: \_\_\_\_\_

Completed application should be sent, along with processing fee and other necessary documents to:

Office of Student Affairs  
Tulane University Medical School  
1430 Tulane Avenue, SL-63  
New Orleans, LA 70112