

1st/2nd Year Student Application

Meharry/Vanderbilt Alliance

**Visiting Student Application Form
Vanderbilt University School of Medicine
Nashville, Tennessee**

PLEASE PRINT OR TYPE

Full Name : _____ **Tel. # :** () _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____

SSN # : _____ **Date of Birth:** _____ **Citizenship:** _____

Military Service (present or past): _____ **If yes, what branch:** _____

Prior College: _____ **Degree:** _____ **Date of Degree:** _____

Current Medical School: _____

Mailing Address: _____ **Tel. #:** () _____

Please list the course(s) here at Vanderbilt University School of Medicine that you are interested in:

Visiting Students must adhere to the Vanderbilt Academic Calendar dates.

I understand that my educational experience at Vanderbilt School of Medicine is as a visiting medical student. Vanderbilt University School of Medicine will provide Meharry Medical School with a performance evaluation, if requested for credit purposes. Furthermore, I understand my accommodations are my responsibility. Vanderbilt medical students have priority for any and all courses. If I am confirmed for a class and am unable to attend, I will provide a notice of cancellation **IN WRITING**.

All communication will be sent to Office of Student Records, 203 Light Hall, Nashville, TN 37232-0685.

Signature of Meharry Visiting Student

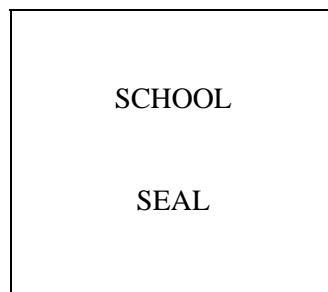
Date

THE FOLLOWING TO BE COMPLETED BY THE VISITING STUDENT'S MEDICAL SCHOOL

A student's request for visiting coursework at Vanderbilt will be considered if the student's Dean (or designate) confirms the following:

- The coursework, as requested, is approved for this student for credit as a portion of his/her medical school's required coursework.
- It is understood that the visiting medical student is not an employee of Vanderbilt University and is not covered under the Vanderbilt Worker's Compensation Plan.
- **The student is a medical student in good standing at Meharry Medical College.**
- Vanderbilt University School of Medicine reserves the right to cancel any rotation if the student's performance is unsatisfactory, or if the safety or the health of any patient(s) is at risk.
- The student has been immunized against rubeola, rubella, mumps, varicella, polio and hepatitis B. He/she has also had diphtheria-tetanus and influenza boosters in accordance with the CDC guidelines. He/she has also been tested for tuberculosis in the last year.

***Please note if there is no School Seal*



Signature of Student's Dean/Designate

Date

The following to be completed by Vanderbilt Medical School Faculty:

The above visiting student is acceptable for a clerkship during the available academic unit.

**Signature of Vanderbilt Course Director
(or designate)**

Date

**Signature of Associate Dean for Medical Student Affairs
(or designate)**

Date

RETURN THIS APPLICATION TO:

**Vanderbilt University School of Medicine
Office of Student Records
203 Light Hall
Nashville, TN 37232-0685
Telephone: (615) 343-6311**