

**ADVISOR APPROVAL FORM  
FOR OUTSIDE, SPECIAL & LONGITUDINAL ELECTIVES**

To: Marianne Olson, Clinical Education Coordinator  
Clinical Education, MC-1925  
UConn School of Medicine  
Phone (860) 679-3588, Fax (860) 679-1394

From: \_\_\_\_\_  
(Clinical Advisor)

I have investigated the following extramural course/clerkship and find it appropriate for

\_\_\_\_\_  
(Student)

Clerkship Title: \_\_\_\_\_

Exact Dates of Clerkship: \_\_\_\_\_

Teaching Institution: \_\_\_\_\_

Address to which Evaluation Form will be sent: (Teaching Institution you will be at)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number you can be reached at during this elective:

\_\_\_\_\_

Advisor Approval: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_