

KUSM-W RURAL PRECEPTORSHIP REQUEST FORM

***Student must submit form to Academic & Student Affairs at least **30 days** prior to the beginning date of the course. Finalize site arrangements with department. Completed form may be e-mailed to mrunge@kumc.edu

STUDENT'S NAME (print legibly):

To ASA Staff: I am requesting to add the following Rural Preceptorship to my schedule. **Yellow highlighter indicates student required completion fields.**

Department (please check one):

Family Medicine - RLMD 976

Internal Medicine -RLMD 977

Pediatrics -RLMD 978

Course Dates:

City:

Instructor's Name:

If you are changing a currently scheduled Rural Preceptorship please indicate what you are dropping:

Department:

Dates:

Site:

Instructor's Name:

City:

Student Signature:

Date:

Department Approval:

Approved
Not Approved

Student Coordinator or Designee Signature:

ASA Office Use:

Line Number:

Credits:

Dates:

Updated: