

**Rajiv Gandhi University of Science and Technology**  
**School of Medicine**

**CLINICAL REQUEST FORM**

In order to schedule clinical rotations, this form needs to be submitted at least six (6) weeks prior to the requested start date. Students are required to have this document completed and submitted to the Clinical/Academic Coordinator for clearance from the Bursar Department & Office of the Registrar.

**STUDENT INFORMATION**

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address :** \_\_\_\_\_  
\_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**CLINICAL ROTATIONS REQUESTED**

Rotation(s) Required	No. of Weeks	Start Date	Core/Elective
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**FILE STATUS & SUBMISSION OF DOCUMENTS**

**For all questions on Clinical Rotation slots & Scheduling please contact Clinical Coordinator. Please make sure that you have submitted all your documents & that your file is complete (Check all that apply).**

Official Transcript        CV       BMS Exit Exam       Police Cert.       Legal /Visa Status  
Immunization Records:        MMR       PPD (6 months)       Chest X-Ray (PPD – 12 months)

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**This is to certify that the student is in GOOD STANDING with the Rajiv Gandhi University of Science and Technology and is hereby granted permission to be allowed into Clinical Training and be scheduled for the specified Clinical Rotations.**

<b>ACCOUNTING DEPT:</b>	Date Submitted: _____	Date Received: _____
<b>BURSAR:</b>	Signature: X _____	Date: _____
<b>REGISTRAR:</b>	Signature: X _____	Date: _____
<b>DATES:</b>	Sent to student: _____	Sent to Hospital: _____
<b>NOTES:</b>	_____	

**CHECK ALL PROCESS SECTIONS & DOCUMENTS SUBMITTED:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Financial Clearance         | <input type="checkbox"/> Student File Documents         | <input type="checkbox"/> Malpractice Insurance |
| <input type="checkbox"/> Setting Schedules Requested | <input type="checkbox"/> Scheduling Request to Hospital | <input type="checkbox"/> Data entry into SIS   |
| <input type="checkbox"/> Payment to Hospital/s       | <input type="checkbox"/> Payment Invoice Numbers        | <input type="checkbox"/> Good Standing Letter  |