



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
 4301 JONES BRIDGE ROAD
 BETHESDA, MARYLAND 20814-4712
 http://www.usuhs.mil



_____ Date

_____ Institution

_____ Coordinator Faculty POC

_____ I request to **PARTICIPATE** in the following:

_____ I request to **CANCEL** the following:

Department of: _____
 Adv. clinical rotation/Sub-Internship: _____
 USUHS Course No: _____
 Requested Dates: _____
 Block(s): _____

_____ Student's NAME (Last name, First name)

_____ Student's ADDRESS

_____ Student's SIGNATURE

_____ Student's E-MAIL

_____ GRAD YEAR / SERVICE

_____ Student's PHONE

DO NOT WRITE BELOW THIS LINE / DO NOT DETACH

The following information is to be completed by the coordinator/faculty POC:

This confirms _____ has [] scheduled to participate in / [] cancelled the
 _____ Advance clinical rotation / Sub-Internship during the time frame of
 _____.

 Signature (Coordinator/Faculty POC) Date

 Phone & FAX number / E-mail

Please return this form to the Office of the Registrar, ATTN: Mrs. Xochilth Torres, 4301 Jones Bridge Road, Bethesda, MD 20814-4799. Office: (301) 295-3448 / Fax: (301) 295-3545 / E-mail: xochilth.torres@usuhs.edu

USUHS Form No. 1304 (04/14)