

STATEMENT OF UNDERSTANDING

As a Senior Medical Student, I understand that it is my responsibility to ensure that my schedule is requested and approved on the Student Scheduler at least 14 days in advance of my elective start date. Failure to maintain a correct schedule on the Student Scheduler will result in no credit for the elective even if the elective was completed.

I understand that once submitted and approved on the Student Scheduler, it is my responsibility to obtain reporting information at least one week in advance and that I must complete the elective. If the elective is not completed, a grade of "F" may be recorded on my transcript. Cancellations of the elective are my responsibility and must be cancelled at least 14 days before the elective start date.

I further understand, that the MUSOM Registrar will formally register me for the courses scheduled in the Student Scheduler with the Registrar's Office.

Signature

Printed Name

Date