

Base Hospital Special Consideration Request Form

MSUCOM Office of the Registrar

965 Fee Road, Room C110

East Lansing, MI 48824-1316

517-353-7741 (Phone), 517-432-1976 (Fax)

Instructions:

1. Complete and submit all required supporting documentation to: [OsteoMedReg@hc.msu.edu](mailto:OsteoMedReg@hc.msu.edu).
2. Before approval is granted you may be asked to provide additional supporting documentation or appear before the Base Hospital Special Consideration Committee to further clarify your request.
3. If documentation is found to be forged or falsified student could face suspension or dismissal from MSUCOM.

**Student Request for Committee Review: Please PRINT**

Name: \_\_\_\_\_ Base Hospital Request: \_\_\_\_\_

Criteria:

**Type I**

- A. Student, spouse or children with physical and/or mental illness/disability in need of health facilities or specialty services unique to a specific community and which cannot be duplicated effectively elsewhere.
- B. Student or spouse is the principal caregiver/support person for a family member with a physical and/or mental illness/disability.
  - Written Statement
  - Letter from patient's physician, social worker, psychologist and/or psychiatrist
  - Marriage license and/or birth certificate(s)
  - Copy of Power of Attorney (caregiver validation)
  - Additional supporting documentation

**Type II**

- Students in the DO/PhD Program desiring a specific location to support unique research opportunity or compliment a residency and/or fellowship choice.
  - Written Statement
  - Letter from MSUCOM Associate Dean for Research
  - Additional supporting documentation

**Type III**

- Students with rare and unusual circumstances not outlined in Type I or II criteria.
  - Written Statement
  - Additional supporting documentation

**Attestation:**

By my signature, I attest that all documentation provided is accurate and verifiable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_