

Michigan State University College of Osteopathic Medicine
Pre-Clerkship Site Transfer Request Form

Instructions:

1. Complete and attach a letter explaining the reason for your request.
2. Submit the completed request form and letter to OsteoMedReg@hc.msu.edu.

Student Information:

Student Name: _____ Class Year: _____

Email: _____ Phone Number: _____

Current Site: _____ Desired Site: _____

Date/Semester Transfer Requested: _____

Student Signature: _____

Date: _____

MSUCOM Official Signatory:

The above noted student's request for a site transfer has been received and approved to begin on ____/____/____ (Semester _____).

MSUCOM Authorized Signature: _____

Date: _____