Pre-Clerkship Site Transfer Request Form

Enrollment Services & Student Records
965 Wilson Road, East Fee Hall, C110
East Lansing, MI 48824-1316
com.osteomedreg@msu.edu

Instructions:
1. Must be compliant with all immunizations and additional requirements to be considered.
2. Complete and submit completed request form with supporting documentation to: com.osteomedreg@msu.edu
3. Before approval is granted you may be asked to provide additional supporting documentation or appear before the Pre-Clerkship Site Transfer Committee to further clarify your request.
4. If documentation is found to be forged or falsified student could face suspension or dismissal from MSUCOM.
5. All Site Transfer requests will occur at the beginning of a semester.

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

| Name: ___________________________ | Current Pre-Clerkship Site: ___________________________ |
| Desired Site: ______________________ | Transfer Semester Requested: ______________________ |

**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 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: ___________________________