



**Michigan State University
College of Osteopathic Medicine
Office of Enrollment Services & Student Records**

PRE-CLERKSHIP ELECTIVE COURSE APPLICATION

Complete this form and return to:

- East Lansing- Office of Enrollment Services & Student Records or com.osteomedreg@msu.edu
- MUC- Admin Office or lanuzza@msu.edu
- DMC- Admin Office or watsonc@msu.edu

Name _____ PID _____

Campus _____ Class Year MS1 MS2

Phone # _____ MSU Email _____

Course # _____ Section # _____

Course Title _____

Semester _____

For further information about this elective, please review the course syllabus.

By signing, I verify that I am up to date with all immunizations and college compliances.

Signature _____	Date _____
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*****Students with an academic standing of monitoring, warning, or probation require prior approval from an Academic Advisor before enrollment in this elective course can be completed.**

Advisor/Administrator Approval (if applicable)	
Academic Standing (circle one): Good Monitoring Probation Warning	
By signing I approve this student’s participation and enrollment in this elective	
Signature _____	Date _____

Office Use Only	
Immunization Verification _____ (date/ initials)	
Enrollment Status (circle one): EN AL OL	
Enrolled _____ (date/ initials)	