

Base Hospital Special Consideration Request Form

MSUCOM Academic Programs – Clerkship

965 Wilson Road, Room A322

East Lansing, MI 48824-1316

517-884-6889 (Phone), 517-353-9931 (Fax)

Instructions:

1. Complete and submit all required supporting documentation to [COM.Clerkship@msu.edu](mailto:COM.Clerkship@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, you could face suspension or dismissal from MSUCOM.

Student Request for Committee Review: Please PRINT

Name:

Email Address:

Base Hospital Requested:

Clerkship Start Date:

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.

Written Statement

Additional supporting documentation

Attestation:

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

Signature:

Date:

Phone Number: