



OMS 3/OMS 4 Student Travel Request Form

Student Name: _____ Date Submitted: _____

Reason for Travel/Conference Name: _____

City where conference will be held: _____

Travel Dates: _____ - _____

Current Rotation:

Check one:

- | | |
|--|---|
| <input type="checkbox"/> Family Medicine I | <input type="checkbox"/> OMS-IV Elective I / a or b |
| <input type="checkbox"/> Family Medicine II | <input type="checkbox"/> OMS-IV Elective II / a or b |
| <input type="checkbox"/> Emergency Medicine I | <input type="checkbox"/> OMS-IV Elective III / a or b |
| <input type="checkbox"/> General Surgery I | <input type="checkbox"/> OMS-IV Elective IV / a or b |
| <input type="checkbox"/> General Surgery II | <input type="checkbox"/> OMS-IV Elective V / a or b |
| <input type="checkbox"/> Internal Medicine I | <input type="checkbox"/> OMS-IV Elective VI / a or b |
| <input type="checkbox"/> Internal Medicine II | <input type="checkbox"/> OMS-IV Elective VII / a or b |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> OMS-IV Elective VIII / a or b |
| <input type="checkbox"/> OB/GYN/Women's Health | <input type="checkbox"/> OMS-IV Elective IX / a or b |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> OMS-IV Special Topics ____ (#) |

Preceptor Name: _____

Have you obtained permission from your preceptor? Yes No

Student Signature: _____ Date: _____

Approval: _____ Date: _____

Associate Dean of Clinical Sciences