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:

- ☐ Family Medicine I
- ☐ Family Medicine II
- ☐ Family Medicine III
- ☐ Emergency Medicine I
- ☐ Emergency Medicine II
- ☐ General Surgery I
- ☐ General Surgery II
- ☐ Internal Medicine I
- ☐ Internal Medicine II
- ☐ Pediatrics
- ☐ OB/GYN/Women's Health
- ☐ Mental Health
- ☐ OMS-IV Elective I
- ☐ OMS-IV Elective II
- ☐ OMS-IV Elective III
- ☐ OMS-IV Elective IV
- ☐ OMS-IV Elective V
- ☐ OMS-IV Elective VI
- ☐ OMS-IV Elective VII
- ☐ OMS-IV Elective VIII

Preceptor Name: _____

Have you obtained permission from your preceptor? ☐ Yes ☐ No

Student Signature: _____ Date: _____

Approval: _____ Date: _____
Associate Dean of Clinical Sciences

Please email completed form to kmorgan@wmcarey.edu or fax to (601) 318-6012