

**Faculty of medicine** CLERKSHIP: 1st year 2nd year

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**OUT-OF-NETWORK ELECTIVE / INTERNSHIP FORM**

**NAME, FORENAME (in block letters)**

**1st PHONE NUMBER:**

**STUDENT ID NUMBER**

**2nd PHONE NUMBER:**

**EMAIL:**

**WEEK** **FROM: TO:**

**TITLE: ELECTIVE ID:**

**(See directory)**

**ESTABLISHMENT:**

**SUPERVISOR:**

**SECRETRARY:**

**PHONE NUMBER:**

**EMAIL: FAX:**

**OBJECTIVES:**

**Student’s signature Date**

|  |
| --- |
| **DECISIONS: accepted (A) or refused (R)** |
|  | **Signature** | **A/R** | **Date** |
| **Supervisor** |  |  |  |
| **Host Institution** |  |  |
| **Faculty Administration UdeM** |  |  |  |

# Guidelines:

This form must be sent to the secretariat of the internship setting or to the internship supervisor for approval.
 As soon as the form is signed by the host institution, it must be returned to the internship secretariat of UdeM’s medical faculty:
Montreal Campus: fax (514) 343-6629 or externatmd@meddir.umontreal.ca
Mauricie Campus: fax (819) 378-9809 or valerie.montambault@umontreal.ca

The request will then be processed by the administration. The internship environment will receive confirmation or refusal of the internship request via the weekly update. The student will have to check his “Gestage” schedule.

# All requests must reach the Faculty at least 60 days before the start of the internship.

**Updated 01-2016**