

School of Medicine

MS Yr 4 Away Rotation Request Form

Instructions:

Please complete the following form to request approval to apply to an away rotation through VSLO. This request allows for UTRGV SOM to release your application in VSLO and track your location and participation while on an away location. Please submit to SOMYr4@utrgv.edu.

Once the academic year has started, any changes will need to be made with [Year 4 Change of Schedule](#) form.

Please complete all fields below:

Student Name: _____ **ID#:** _____ **Academic Year:** _____

Does UTRGV currently have a residency in this specialty? Yes No Is this a Sub-I? Yes No

Away Location (Institution, City, and State): _____

Specialty/Department: _____ Institutional Contact Name: _____

Institution's Email: _____ Institution's Phone Number: _____

Away Rotation Start Date: _____ End Date: _____

Student's Signature: _____ **Date:** _____

Student Number: _____ **UTRGV Email:** _____

SOM Career Advisor

☒ Recommended ☐ Not Recommended

Career Advisor Name: _____ **Date:** _____

Signature: _____ **Email:** _____

OEA Office use only

☐ Approved ☐ Denied

Assistant Dean for Clerkship/

Associate Dean for Educational Affairs: _____ **Date:** _____

OEA Processing

Signed form filed in ProgressIQ student file
Student notified of the decision via email

Date: _____ Completed By: _____
Date: _____ Completed By: _____