Visiting Student Exemption Form

Dear Student:

Thank you for your interest in rotating at the Cooper Medical School of Rowan University (CMSRU). The form below is to be completed by you in blue or black ink and uploaded to your VSLO application.

Per CMSRU’s Visiting Student from other Medical Schools Policy, visiting students must attest that the rotation they are doing at CMSRU/CUHC is their one visiting rotation in that particular field as recommended by the Coalition for Physician Accountability. For example, if a visiting student has already completed a visiting Gastroenterology elective, then they will not be allowed to perform the Gastroenterology elective at CMSRU/CUHC. If it is found that a visiting student does not follow this rule while on rotation here, the rotation will immediately end, a grade of Unsatisfactory (Fail) will be entered and the visiting student’s medical school will be contacted. Students must submit this completed form to their VSLO application stating this is their one visiting rotation in that particular medical field to consider their application complete.

Student name:

Student email:

Home (student) institution:

Specialty of choice:

I attest that I have not completed and will not be completing an away rotation at another medical school in this field as per the recommendations of the Coalition for Physician Accountability.

____________________________________
Signature

____________________________________
Name

____________________________________
Date