Extracurricular Clinical Activity Approval Form

(Complete this form if participating in activity as part of a student group)

Name/Title of the Extracurricular Clinical Activity:
__________________________________________

Date of Event: ____________________________  Time: ____________________________

Location: _________________________________________________________________

Community Organization sponsoring the event: ___________________________________
  - Name and Title of contact person: __________________________________________
  - Phone: ____________________________  Email: ____________________________

Target Population to be served: _______________________________________________

Activities Planned: ___________________________________________________________

Participating FIU HWCOM Student group(s):
  □ Name of Student Organization: ____________________________________________
  □ Name of Panther Community: _____________________________________________

Names of students planning to participate in this event:
(attach a separate sheet if additional students are attending)
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Contractual agreements and arrangements:
  □ All have been properly executed.  □ Not applicable

Signature of Panther Community Mayor or Student Organization President:
_________________________________________________________________________
Date: ____________________________

Signature of Faculty Advisor or Faculty Director:
_________________________________________________________________________
Date: ____________________________

Signature of Physician Supervisor  (if different from advisor)
____________________________________________________________________________
Date: ____________________________

All of the above students are currently in good academic standing at the FIU HWCOM and have my
permission to participate in this extracurricular clinical activity.  □ Yes  □ No
_________________________________________________________________________

Executive Associate Dean for Student Affairs  Date