

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 HWCOC 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 HWCOC and have my permission to participate in this extracurricular clinical activity. Yes No

Executive Associate Dean for Student Affairs

Date