



VISITING STUDENT ELECTIVE REGISTRATION FORM

Student Information	
Last Name:	First Name:
Middle Initial:	Sex Assigned at Birth:
Medical School:	
Local Address:	
City:	State:
Zip Code:	Mobile Number:
NYU Kerberos ID:	

Emergency Contact			
Name of Emergency Contact:			
Address of Emergency Contact:	City:	State:	Zip Code:
Mobile Number of Emergency Contact:			

Insurance Requirement: NYU Grossman School of Medicine requires all visiting students participating in elective programs to carry personal health insurance. Please provide the information below.

Insurance Information
Name of Insurance Carrier:
Group / Certificate Number:

Elective Information	
Name of Elective:	
Department:	
Dates of Attendance:	
Preceptor:	
Hospital:	Room:

Malpractice Insurance: All visiting students enrolled in electives must carry malpractice insurance. This may be provided by either your medical school or the individual student. Your signature below indicates that you are covered by malpractice insurance.

Signature:	Date:
Check / Money Order #:	

Bring the completed form and a check for the \$225 registration fee on the first day of your elective to: Office of Registration & Student Records, 550 First Avenue, Medical Science Building, Room G-90.