



APPLICATION FOR CLINICAL OBSERVATION PROGRAM

STUDENT INFORMATION:

Name: _____ Date: _____ Semester Applying: _____
(Last) (First) (MI)

Area of Study: _____ Advisor: _____

Intended Date of Graduation: _____

PREREQUISITE COURSES YOU HAVE COMPLETED TOWARD YOUR FIELD OF INTEREST (please list):

_____	_____
_____	_____
_____	_____
_____	_____

PREREQUISITE COURSES YOU ARE ENROLLED IN FOR THE COMING SEMESTER (please list):

_____	_____
_____	_____

What do you hope to gain from this observation program?

Do you have your own transportation? Yes No

INDICATE YOUR AVAILABILITY DURING THE UPCOMING SEMESTER BETWEEN 9 AM—5 PM:

Monday	Tuesday	Wednesday	Thursday	Friday

**If your schedule changes between the submission of this application and internship assignment, please contact Mrs. Schabes immediately.*

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WITS/MAALOT Advisor Signature: _____

Please submit one copy of this form to the office at info@wits.edu and email one copy to cschabes@wits.edu.