



## **APPLICATION FOR CLINICAL OBSERVATION PROGRAM**

### **STUDENT INFORMATION:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
(Last) (First) (MI)

Area of Study: \_\_\_\_\_ Advisor: \_\_\_\_\_

Semester Applying: \_\_\_\_\_ 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. Betesh immediately.*

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WITS/MAALOT Advisor Signature: \_\_\_\_\_

***Please submit one copy of this form to the office at [info@wits.edu](mailto:info@wits.edu) and email one copy to [rbetesh@wits.edu](mailto:rbetesh@wits.edu)***