

MEMORANDUM

TO: Registrar

FROM: Director of Clinical Education

_____ (signature indicates approval)

DATE: _____

RE: Approval for Independent Externship Credits for the _____ Semester

In accordance with the Student-Faculty Externship of Agreement, please enroll the following student for externship credits.

1. Student Name : _____ Touro I.D.# _____

Address: _____

Telephone: _____

2. Division: Full-time ___ Part-time ___ Day ___ Evening ___

3. Course: _____

Professor: _____

4. Grading System: _____ Pass/No Credit _____ Letter Grade

5. Placement Office: _____

Address: _____

Phone: _____

Name of Supervisor: _____

Supervisor's Phone: _____

6. Number of Credits: _____, which requires _____ hours per semester of fieldwork.