



**Michigan State University  
College of Osteopathic Medicine  
Office of Enrollment Services & Student Records**



**PRE-CLERKSHIP ELECTIVE COURSE APPLICATION**

Complete this form and return to:

- East Lansing- Office of Enrollment Services & Student Records or [com.osteomedreg@msu.edu](mailto:com.osteomedreg@msu.edu)
- MUC- Admin Office or [lanuzza@msu.edu](mailto:lanuzza@msu.edu)
- DMC- Admin Office or [tobiasog@msu.edu](mailto:tobiasog@msu.edu)

Name \_\_\_\_\_ PID \_\_\_\_\_

Campus \_\_\_\_\_ Class Year  MS1  MS2

Phone # \_\_\_\_\_ MSU Email \_\_\_\_\_

Course # \_\_\_\_\_ Section # \_\_\_\_\_

Course Title \_\_\_\_\_

Semester \_\_\_\_\_

For further information about this elective, please review the course syllabus.

By signing, I verify that I am up to date with all immunizations and college compliances.

Signature _____	Date _____
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**\*\*\*Students with an academic standing of monitoring, warning, or probation require a meeting with an Academic Advisor before enrollment in this elective course can be completed.**

**Advisor Confirmation** (if applicable)

By signing I confirm that I have discussed enrollment and potential implications in this elective with the student

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

<b>Office Use Only</b>	
Immunization Verification _____	(date/ initials)
Enrollment Status (circle one): <b>EN</b> <b>AL</b> <b>OL</b>	
Academic Standing (circle one): Good    Monitoring    Warning    Probation	
Enrolled _____	(date/ initials)