

Accepted Visiting Student Confirmation & Payment Form

This form is due from students who are accepting an offer of a clinical elective. Both pages of this form (and acceptance on VSAS) must be received within 14 days of the offer in order to secure elective.

Please fill out the form and **fax to 312/503-0715**. For your security and protection, credit card payment information will not be accepted via email or as an email attachment.

Rotation Confirmation

By submitting this form I, _____, am accepting

the offer of a clinical rotation in _____ (elective name)

from _____ to _____.

I have read my acceptance email and have reviewed the mandatory reading sections for accepted students on the website.

I understand that my acceptance is contingent on policies from Northwestern University, the Feinberg School of Medicine, and our clinical affiliate at the time of the rotation and is subject to change or cancelation. I will comply with city and state regulations regarding COVID-19, including required quarantine if traveling from certain locations.

I understand the cancellation policy: "If you can no longer attend an elective which you have accepted, you must drop the elective in VSAS and email the Cancellation or Withdrawal Form to the visiting students coordinator no later than four weeks prior to your start date. The visiting student coordinator will then notify the department that you cannot attend. No rescheduling of electives is permitted. If you fail to notify the visiting student coordinator at least four weeks prior to your start date, Northwestern will drop you from any future scheduled electives, your home school will be notified, you will be charged the rotation fee, and you are no longer eligible to apply for any other electives at Northwestern University Feinberg School of Medicine."

Signature of student: _____ Date: _____

Credit Card Payment

Your payment will be processed approximately one week prior to your rotation start date, and you will receive an email receipt from the payment system once processed. This fee will be charged unless you cancel your rotation at least four weeks in advance of your scheduled start date.

Cardholder's name (as it appears on the card): _____

Card number: _____

Expiration date (mm/yy): _____

Card type: Visa MasterCard

Total amount: _____ (*\$150 fee per rotation*)

Signature of cardholder: _____ Date: _____