

## Externship Registration Form—UIC/COD STUDENT

### PART 1 STUDENT INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ UIN Number \_\_\_\_\_  Male  
 Female  
 Program  DDS  IDDP Level/Year \_\_\_\_\_ Expected Year of Graduation \_\_\_\_\_ Group Practice Name \_\_\_\_\_

### PART 2 EXTERNSHIP INFORMATION

**Site of Externship**  Outside Institution - *Must Complete the Following.*  UIC-COD Postgraduate Clinic

Name of Institution \_\_\_\_\_

Program/Department Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**Area(s) of Interest**  Endodontics  Oral Medicine  Oral and Maxillofacial Surgery  Orthodontics  
 Pediatric Dentistry  Periodontics  Prosthodontics  Other \_\_\_\_\_

**Objectives** (Describe the purpose of your application briefly)

\_\_\_\_\_  
 \_\_\_\_\_

**Proposed starting date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Ending date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Length** \_\_\_\_\_

I certify that all information in this application is true and correct. I understand that my activities in the College of Dentistry are subject to all current policies and procedures of the UIC College of Dentistry, and that all activities will be under the supervision and responsibility of the person(s) identified, below, in the department and the College.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

### PART 3 APPROVALS (All are mandatory)

Managing Partner \_\_\_\_\_  
 Name Signature Date

#### **Courses that Externship will impact:**

Course Name Course Director Name Signature Date

Course Name Course Director Name Signature Date

Course Name Course Director Name Signature Date

#### **For UIC-COD Postgraduate Program Externships:**

Department Head or Designee \_\_\_\_\_  
 Name Title Date

College \_\_\_\_\_  
 Dr. G. William Knight, Executive Associate Dean for Academic Affairs Date

**Return this form to Ms. Blanca Sanchez in the Office of Academic Affairs, room 102.**