

## Away Rotation Application

A rotation at another educational institution requiring entry through third-party application platforms (e.g., VSLO), often associated with an outside academic institution or residency program.

All COM elective rotations must be pre-arranged and with an approved educational institution. The UNMC COM cannot execute an affiliation agreement with a Host institution **in less than 45 days and you will not be approved to participate in the away rotation for credit.**

If the away rotation is international, approval must be obtained from the [Global Health Programs Manager](#) in addition to departmental approval.

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### Section 1 (completed by the student)

Student Name:

Host Institution:

Host Institution City:

Host Institution State:

Host Institution Elective Type:

Host Institution Rotation Start Date:

Host Institution Rotation End Date:

These dates do **not** coincide with UNMC rotation dates.

Host Institution Contact Name:

Host Institution Contact Email:

UNMC Course Number:

UNMC Course Title:

**Student Action:** Submit to the appropriate UNMC Phase 3 Career Specialty Track (CST) Director for completion of section 2.

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### Section 2 (completed by the UNMC Phase 3 CST Director)

The student named above has permission from the

Department to schedule the

I confirm that the

Department Phase 3 CST Coordinator will:

- email the Phase 3 Student Performance Evaluation (SPE) Packet containing: Behavior & Attributes, Clinical Rotation Evaluation and Recommended Grade forms to the host institution contact prior to the students' rotation start date; and
- that they will follow up with the host institution contact to ensure timely return of the Phase 3 SPE Packet upon the rotation end date.

As CST Director, I will review all Student Performance Evaluation (SPE) forms and assign a final grade to the student, and I will verify that the Phase 3 CST Coordinator submits evaluations to Oasis within 28 days of rotation end date.

Approved by:  
(Printed)

Date:

Approved by:  
(Signature)

**Department Action:** Forward to [comaa@unmc.edu](mailto:comaa@unmc.edu) for completion of section 3.

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**Section 3** (completed by the Office of Medical Education)

I certify that an affiliation agreement is executed between the Host Institution and the UNMC College of Medicine.

Approved by:  
(Printed)

Date:

Approved by:  
(Signature)

**OME Action:** Forward to [oasa@unmc.edu](mailto:oasa@unmc.edu) for completion of section 4.

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**Section 4** (completed by the Office of Admissions and Student Affairs)

The student named above is in good academic standing. Permission is granted to schedule the away rotation for credit.

Approved by:  
(Printed)

Approved by:  
(Signature)

Date:

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An away rotation **cannot be added to a student's schedule in OASIS without completion of all four (4) sections**. The Office of Admissions and Students Affairs will provide a copy of the completed form to the student and the department upon approval.