

**UNIVERSITY OF MIAMI
MILLER SCHOOL OF MEDICINE**



**CONTACT INFORMATION
FOR SENIORS ON EXTERNSHIP**

NAME: _____

START DATE OF EXTERNSHIP: _____

END DATE OF EXTERNSHIP: _____

ROTATION: _____

**LOCATION OF EXTERNSHIP:
NAME OF INSTITUTION**

ADDRESS

ADDRESS

CONTACT PERSON: _____

TELEPHONE #: _____

FAX #: _____

EMAIL: _____

STUDENT'S EMAIL ADDRESS: _____

STUDENT'S CELL # _____

STUDENT EMERGENCY CONTACT:

NAME: _____

TELEPHONE #: _____

IMPORTANT NOTICE

Be sure to provide us with all the above information prior to leaving on your externship. Make sure that WE HAVE a copy of your acceptance letter.

Thank you

Office of Student Affairs
Tel: (305) 243-2003 / (305) 243-8389

10/02/08/nc