

**USA** FREDERICK P. WHIDDON  
COLLEGE OF MEDICINE  
UNIVERSITY OF SOUTH ALABAMA  
**M4 AUDITION AWAY APPROVAL FORM**

**\*\* This form MUST be completed in all sections to be valid \*\***

Date: \_\_\_\_\_ M4 Course Dept. for schedule: \_\_\_\_\_ 400

Student First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Official Name of Institution: \_\_\_\_\_

Institution's Course Code & Title: \_\_\_\_\_

Course Director name & email: \_\_\_\_\_

Institution Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact name, phone number & email address at institution:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address for contact: \_\_\_\_\_

EXACT DATES BELOW: (if BLOCKS are split-use both lines below-dates must be Monday-Friday)

Block# \_\_\_\_\_ Dates \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ = \_\_\_\_\_ weeks

Block# \_\_\_\_\_ Dates \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ = \_\_\_\_\_ weeks

Course Objectives & Description: *Attach the printed course description from institution and write "see attached" below*

---

---

---

The student listed above has permission to take the away course described above.

The course will serve as: *Student MUST attach all supporting documents before signatures are obtained below.*

**(check one box below)**

- This course is approved to serve as a Required Specialty
- This course is approved to serve as a Required Acting Internship
- This course is approved to serve as a Required Basic Science
- This course is to serve as a regular Elective M4 Course

**M4 Student's Signature :** \_\_\_\_\_

**M4 Faculty Advisor Signature:** \_\_\_\_\_

**Associate Dean Med Ed Signature:** \_\_\_\_\_