Dear Visiting Student Applicants,

Thank you for your interest in the Michigan State University College of Human Medicine electives. The supplemental application below must be completed as part of your VSAS application to any of our seven campus locations. Applications will not be considered or processed until this document is filled out and submitted. Upon completion, please upload this document into VSAS into the Supplemental Documents section in the Documents tab.

Thank you,
Michigan State University
College of Human Medicine

Michigan State University College of Human Medicine
Visiting Student Supplemental Application

Visiting students applying for elective clerkships at MSU-CHM campuses must complete and submit this Visiting Student Supplemental Application form via VSAS.

Student Name: _______________________________________

Additional Student Information

Are you considering applying to one of our residencies?  □ Yes  □ No  □ Unsure
If so, which residency program are you interested in: ___________________________________________

Will you require housing information?  □ Yes  □ No

Examination and Training Record

Have you passed USMLE Step 1 OR COMLEX Level 1 Exam?  □ Yes  □ No
Score _______ Number of times taken _______

Have you passed USMLE Step 2 Clinical Knowledge OR COMLEX Level 2 Exam?  □ Yes  □ No
Score _______ Number of times taken _______

Have you passed USMLE Step 2 Clinical Skills Exam?  □ Yes  □ No  Number of times taken _______

Special Accommodation Needs

If the student has accurate or chronic health problems or special accommodations that need to be in place to successfully complete this elective, please explain any specific required accommodations below.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________