



**DONALD AND BARBARA
ZUCKER SCHOOL *of* MEDICINE
AT HOFSTRA/NORTHWELL®**

Visiting Student Exemption Form

Donald and Barbara
Zucker School of Medicine
At Hofstra/Northwell
Office of Student Records
500 Hofstra University
Hempstead, NY 11549-5000
email: SOMRegistrar@hofstra.edu
phone: 516.463.7576

Dear Student:

Thank you for your interest in rotating at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell. The form below is to be completed by your Student Affairs or Academic Affairs Dean (or designee) and uploaded to VSLO prior to consideration for an Away rotation.

Student Name: _____

Home Institution Name: _____

Specialty/Elective Name: _____

I attest that the above-named student is in good standing, is applying to the specialty named above, and we do not have clinical opportunities in that field at our institution. Furthermore, I attest that our institution is within a 60-mile radius of the Zucker School of Medicine, and the student will not be completing an away rotation at another school in this field.

Signature

Name

Title

Date