



**Epidemiology Elective Program for Senior Medical and Veterinary Students
Academic Endorsement**

To be completed and signed by the student affairs office.

I approve of _____
(student's name)

taking the Epidemiology Elective at the Centers for Disease Control and Prevention. He/she will be covered by health insurance while on an approved elective.

Signature Date

Name: _____

Title: _____

School: _____

Phone: _____ E-mail: _____

Complete and mail to:
CDC Epidemiology Elective Program
ATTN: Renee Amos
Centers for Disease Control and Prevention
1600 Clifton Road, MS E-92
Atlanta, GA 30333