



**CDC Epidemiology Elective Program
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: _____

You must provide a signed academic endorsement from the student affairs office at your medical or veterinary school.

Have your student affairs office at your medical or veterinary school complete and sign.

Upload to the Epidemiology Elective Program online application by the deadline.