

Epidemiology Elective Program

Academic Endorsement Form



This form is to be completed by the applicant's medical or veterinary school student affairs office. Applicants must upload the completed, signed form into the Epidemiology Elective Program online application portal by the deadline. Late forms will not be accepted.

I approve of

participating in the Centers for Disease Control and Prevention's Epidemiology Elective Program (EEP). I understand that, if selected, the student named above must complete the EEP rotation in its entirety and that the student may not concurrently participate in any other rotation.

Your name:

Title:

Phone:

E-mail:

Signature:

Date:

Thank you for your support. Please direct all questions to: epielelective@cdc.gov.

