



Washington University in St. Louis

SCHOOL OF MEDICINE

MENTORED EXPERIENCE REQUIREMENTS FORM

This form should be completed and submitted to the School of Medicine Registrar's Office at wusmregistrar@wustl.edu when the student has completed all mentored experience requirements for the program listed. This form should be submitted by a program representative, not the student.

Student Name: _____

Student ID: _____

Program Name: _____

Date Completed: _____

I confirm the above-listed student has completed the mentored experience requirements for this program.

Program Representative Name

Program Representative Signature

Date

Comments: