



In the US: Medical University of the Americas
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CLINICAL STUDENT TEMPORARY ADDRESS FORM

Student Name: _____

Current Rotation: _____

Temporary Address: _____

This address in effect: From: _____ To: _____

Temp Phone: _____ E-Mail Address: _____

Pager/Cell Phone: _____

Emergency Contact Person: _____

Address of Contact: _____

Phone # of Contact: _____

NOTE – Item #3 of your Medical University of the Americas Clinical Student contract states: Agree that within 24 hours of moving to a new address, I will supply the Office of Clinical Medicine my temporary address and phone number. (A fine of \$25 will be assessed each time the clinical staff has to waste valuable time searching for me because I did not comply.)

Please fax no later than the second day of your rotation: 978-862-9599