

# Mission Trip Recommendation

**Student Name (Non Clinic/ CLI):** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that participation on a Mission trip is not a University required event, and I will abide by the University's attendance policies. I acknowledge that any missed classroom or clinic time will not be excused, and that I will not receive any type of academic or clinical credits toward graduation through my participation in a mission trip.

I acknowledge that the above-mentioned student is in good standing and has no outstanding work that needs completed. I am recommending this student as a good candidate for participation in a mission trip.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Intern Name (Clinic):** \_\_\_\_\_ **Pod:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that participation on a Mission trip is not a University required event, and I will abide by the University's attendance policies. I acknowledge that any missed classroom or clinic time will not be excused, and that I will not receive any type of academic or clinical credits toward graduation through my participation in a mission trip.

I understand that I am responsible for my patient's care in my absence. I will work with my assigned clinicians to coordinate patient care during my absence and will have all outstanding work completed before leaving for this mission trip.

Intern signature: \_\_\_\_\_

I acknowledge that the above-mentioned intern is in good standing, has no outstanding work that needs completed, and is in compliance with clinic policy. I agree to help coordinate patient care while the intern is away on this mission trip.

Clinician signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinician signature: \_\_\_\_\_ Date: \_\_\_\_\_