

Dr. Rubin's Mini Medical School
Mini Med for the Pre-Med Program

Advisor Permission Form

Unlike the typical Mini-Medical Schools offered across the country designed to provide exciting ways to share accurate, up-to-date health and science information to adults, the Dr. Rubin's Mini Medical School is a community service project designed to encourage and support students who wish to pursue a career in the field of medicine and surgery. I am happy to offer a program as long as I have permission to speak on campus from a faculty or pre-med adviser.

Sincerely,

Ira S. Rubin, M.D., Ph.D.
Dr. Rubin's Mini Medical School
Board Certified Pediatrician
www.minimedicalschool.com
RubinMiniMedicalSchool@gmail.com

College or University: _____

Name of Requesting Group: _____

Group Representatives: _____

Date:

I hereby give permission for Dr. Rubin to provide a program on campus and speak to students from the requesting group listed above.

This event will be scheduled for _____

Advisor Signature _____

Advisor Name _____

Advisor email _____

Advisor phone number _____