

## International Elective Request Form

Student's name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Title of elective: \_\_\_\_\_

Check One: 1st Summer Research \_\_\_\_\_ ICM4: Global Health \_\_\_\_\_

4th year elective (clinical or research) \_\_\_\_\_ Other (specify) \_\_\_\_\_

4th year elective dates: \_\_\_\_\_

Name of on-site elective supervisor: \_\_\_\_\_

Institutional affiliation of on-site elective supervisor: \_\_\_\_\_

Phone number for on-site elective supervisor: \_\_\_\_\_

Email address for on-site elective supervisor: \_\_\_\_\_

Mailing address for on-site elective supervisor:

\_\_\_\_\_

Location (city and country) of your clinical/research activities if different from above:

\_\_\_\_\_

Viable contact information for you while you are abroad:

Email \_\_\_\_\_

Cell \_\_\_\_\_

Other \_\_\_\_\_

I have updated my Emergency Contact Information in MedScope and agree that information may be used in the event of an emergency while I am abroad (initial) \_\_\_\_\_

I have **reviewed and attached** the most recent Department of State  
([http://travel.state.gov/travel/cis\\_pa\\_tw/cis/cis\\_1765.html](http://travel.state.gov/travel/cis_pa_tw/cis/cis_1765.html)) Travel Advisory for this country  
(initial) \_\_\_\_\_

**Checklist for Items to be Attached:**

Letter from the sponsoring individual or institution confirming your acceptance to participate.

This may be in the form of a letter or an email. \_\_\_\_\_

\*Department of State Advisory Level for the country \_\_\_\_\_

Your travel itinerary \_\_\_\_\_

Copy of your Passport \_\_\_\_\_

Transportation plans to and from the site \_\_\_\_\_

Description of housing arrangements \_\_\_\_\_

Signed International Travel Release \_\_\_\_\_

Enrolled in the U.S. Dept. of State's Smart Traveler Program \_\_\_\_\_

UMB International SOS travel registry \_\_\_\_\_  
(include registration page or confirmation email)

**Concurrence of UMSoM Faculty (print and sign name):**

\_\_\_\_\_ Date: \_\_\_\_\_

OSR Dean, ICM coursemaster, Department Head or other designee – Your signature verifies that the proposed elective rotation is adequate in duration [4 weeks], and that the academic rigor is comparable or similar to that of an elective at UMSOM. **Note below any concerns you may have about the safety of the proposed site:**

**\*Bonnie Bissonette of Student Center for Global Education:**

**Approved: Yes/No**

**(required for level 3 travel advisories)**

SMC Campus Center (410)  
706-6331

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

**Approved: Yes/No**

**Elective Credit: Yes/No**

Signature of OSA Dean: \_\_\_\_\_ Date \_\_\_\_\_  
(required to add elective)