

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) 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. _____

Your travel itinerary _____

Copy of your Passport _____

Transportation plans to and from the site _____

Description of housing arrangements _____

Concurrence of UMSoM Faculty (print and sign name):

_____ Date: _____

OSR Dean, ICM course master, 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:**

Approved: Yes/No

Elective Credit: Yes/No

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