

# International Elective Application Form

**Part I. (to be completed by student. Please print)**

**A- Personal Information:**

Name

**Last**

First

Middle

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Internet email address:
Date of Birth:	Telephone Number:
Citizenship:	Emergency Contact:
Mailing Address:	Emergency Telephone:

Medical School Attending: \_\_\_\_\_

Address of Medical School: \_\_\_\_\_

Expected Degree: \_\_\_\_\_

Expected Degree Date: \_\_\_\_\_

**B- Education:**

List all Clerkships completed or planning to be completed:

Clerkship	No. of Weeks	Medical School	Location	Period (Dates)
Medicine				
Surgery				
Pediatrics				
Obstetrics				
Psychiatry				

### C-Elective Choices and Dates:

(Sub-Internships are not available)

Module	Dates	Course # of 1 <sup>st</sup> Choice	Course # of 2 <sup>nd</sup> Choice	Course # of 3 <sup>rd</sup> Choice



كلية طب وايل كورنيل في قطر  
Weill Cornell Medical College in Qatar

Member of Qatar Foundation

I have read and understand all the application materials. I attest that the information given in this application is accurate and true.

Student's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Part II. (To be completed by the Dean of the visiting student)**

The above named student is a registered full time student in good standing at \_\_\_\_\_ . The student is presently in her/his \_\_\_\_\_ year of a \_\_\_\_\_ year program studying for the M.D. degree. The student has the permission to take the requested elective during the periods listed. This student will \_\_\_\_\_ will not \_\_\_\_\_ pay tuition at our Faculty during the period of elective. The personal health coverage is \_\_\_\_\_ is not \_\_\_\_\_ in effect while the student is away from our faculty. Malpractice insurance covers \_\_\_\_\_ does not cover \_\_\_\_\_ the student away from our faculty. Academic credits will \_\_\_\_\_ will not \_\_\_\_\_ be awarded upon receipt of a passing grade. An evaluation of the student's performance will \_\_\_\_\_ will not \_\_\_\_\_ be requested.

Attach with this application the following:

- ☐ Your Transcript
- ☐ Application Fees (\$100)

School Seal

**Notes to the Applicant:**

- Tuition Fees: The Faculty of Medicine does not impose a tuition fee for the elective clerkship of visiting students.
- Visiting students, like the Faculty student, must wear white gowns on the floors. Visiting student should provide their gowns.
- Application material should be sent to:  
Ms. Raya Alirani  
Registrar  
Weill Cornell Medical College in Qatar  
P. O. Box 24144  
Education City-Qatar Foundation  
Doha- Qatar