



Weill Cornell Medicine-Qatar

International Elective Application Form

Part I. (to be completed by student from LCME accredited school. Please print)

A-Personal Information:

Name

Last

First

Middle

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Email address:
Date of Birth:	(dd/mm/yy)		Telephone Number:
Citizenship:	Emergency Contact:		
Mailing Address:	Emergency Telephone:		

Next of Kin Information

Name:	Address:
Telephone:	
Relation to Student:	

Name of Medical School: _____

Address of Medical School: _____

Registrar's Phone No.: _____

Expected Degree: _____

Expected Degree Date: _____

B-Education:

1-From the list below, check all Clerkships that you have or are planning to complete at your medical school:

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

2-Elective Choices and Dates:
(Sub-Internships not available)

Module	Dates	Course # of 1 st Choice	Course # of 2 nd Choice	Course # of 3 rd Choice

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:_____

Notes to the Applicant:

- Tuition Fees: Weill Cornell Medicine-Qatar (WCM-Q) does not impose a tuition fee for the elective clerkship of visiting students.
- Visiting students, like WCM-Q students, must wear short white coats on the floors. Visiting students should provide their own coats.
- Lodging: lodging will be at the student's expense. Students can be accommodated in Education City. Any questions regarding lodging should be directed to Qatar Foundation Housing: studenthousing@qf.org.qa
- Attach with this application the following:
 1. Your Transcript
 2. Application Fees (\$100)
- 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

Part II. (To be completed by the Registrar or designate from student's home institution)

Student Name: _____

The student is presently in her/his _____ year of a _____ year program studying for the M.D. degree.	<i>Yes</i>	<i>No</i>
The above named student is a registered full time student in good standing at home institution.	<i>Yes</i>	<i>No</i>
The student has the permission to take the requested elective during the periods listed.	<i>Yes</i>	<i>No</i>
The personal health coverage includes medical and political evacuation and is in effect while the student is away from our school.	<i>Yes</i>	<i>No</i>
Malpractice insurance covers the student away from our school.	<i>Yes</i>	<i>No</i>
The student has completed HIPAA training.	<i>Yes</i>	<i>No</i>
The student has completed OSHA training.	<i>Yes</i>	<i>No</i>
Academic credits will be awarded upon receipt of a passing grade.	<i>Yes</i>	<i>No</i>
An evaluation of the student's performance is required.	<i>Yes</i>	<i>No</i>
The student will pay tuition at home institution during the period indicated.	<i>Yes</i>	<i>No</i>

School Official's Name: _____

School Official's Title: _____

School Official's Signature: _____



Official School Stamp:

Date: _____