



**International Elective  
Application Form**

Student Name:	Student ID:	Expected Graduation Year
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**International Elective Details**

Title:	Start Date:	End Date:	Total # of Weeks:
Institution Name:	Address:	City:	Country:
Sponsor Name:	Sponsor Email:		
Elective Brief Description: ..... ..... ..... ..... .....			
Elective Objectives & Goals: ..... ..... ..... ..... .....			

***Please note: This course MUST appear in your schedule in QLearn***

(Step 1): Assistant Dean for Clinical Learning/Designee Signature: \_\_\_\_\_

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

(Step 2): Assistant Dean for Medical Student Affairs/ Designee Signature: \_\_\_\_\_

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

**Guidelines when applying to an international elective:**

- The international elective must be at least 2 weeks and no more than 4 weeks long.
- Use one form for each elective to which you are applying.
- Students must get approval to do the elective 2 months before the elective starts.
- Students must notify Students Affairs for their travel plans and seek the appropriate health insurance and malpractice insurance.

Please return to:  
Office of the Registrar  
Student Affairs  
Tel: 44 928 8514  
Fax: 44 928 5222