International Elective Request Form

Student's Name: _____ Today's Date: _____

Title of Elective: _____

Check One: 1st Summer Research ___ ICM/AHEC ___

4th year elective - clinical ___ 4th year elective - research ___

Other (specify) _____

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. ___

Department of State Advisory for the country ___

Your travel itinerary ___

Copy of your Passport ___

Copy of your UMB/BCBS health insurance card or proof of emergency medical evacuation insurance ___

Completed MMCIP Request for Insurance Coverage (clinical rotations only) __

Signed International Elective Rotation Request Letter __

Transportation plans to and from the site ___

Description of housing arrangements ___

Signed International Travel Release ___

Concurrence of UMSoM Faculty (please 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. Please 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)