International Elective Application 2016-2017
Weill Cornell Medical College

STEP 1: COMPLETE ALL INFORMATION BELOW
Please use one form for each elective. Check the appropriate box below.
☐ MEDC.8901 - Independent International Elective*
☐ MEDC.8902 - Christian Medical College, Vellore, India
☐ MEDC.8903 - Infectious Diseases in Haiti
☐ MEDC.8904 - Ambulatory Care - The American Hospital of Paris
☐ MEDC.8905 - Urban Rural Healthcare in Australia
☐ MEDC.8906 - Medical Experience in Austria, Max Kade Fellowship
☐ MEDC.8907 - US/EU Medical Exchange
☐ MEDC.8908 – Clinical Medicine in Peru

Student Name: ____________________________________________________________

Class of: ___________________________ Start – End Dates of Elective: ____________________________

*Title of Independent Elective: _______________________________________________________

Please indicate when you plan to do this in the table below.

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<th>Module</th>
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<th>B</th>
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<td>4 week blocks</td>
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Brief Description (needed for Independent International Electives only):

STEP 2: OBTAIN YOUR ADVISORS APPROVAL
In lieu of a live signature below, you may attach a printout of email correspondence with your advisor/Dr. Finkel. **DO NOT FORWARD YOUR EMAIL CORRESPONDANCE OR THIS FORM TO THE REGISTRAR.**

(Step 1) WCMC Advisor’s Name: ______________________________________________________

Advisor’s Signature: ___________________________________________ Date: ________________

(Step 2) Director of International Medical Education (Dr. Madelon Finkel)

Dr. Finkel’s Signature: ___________________________________________ Date: ________________

STEP 3: ADD Course to your schedule.
Students are responsible for adding ALL elective experiences to their schedule. **STUDENTS WILL NOT RECEIVE CREDIT FOR COURSES THAT DO NOT APPEAR ON THEIR SCHEDULE.** The Office of Student Services must process all applications for international electives BEFORE the WCMC student begins the experience. Credit will NOT be granted for unapproved international electives.

PLEASE RETURN TO: Office of the Registrar, C-114
1300 York Avenue, New York, NY 10065 Phone (212) 746-1050 Fax (212) 746-5981