

Away Elective Application 2016-2017

Weill Cornell Medical College

STEP 1: COMPLETE ALL INFORMATION BELOW

Student Name: _____

Class of: _____

Title of Elective: _____

Away Medical School: _____

Please indicate dates you are applying for in chart below (if you are applying for multiple dates, check all that apply):

Module	A	B	C	D	E	F	G	H	I	J	K	L
Dates	July 5 - July 31	Aug 1 - Aug 28	Aug 29 - Sept 25	Sept 26- Oct 23	Oct 24 - Nov 20	Nov 21 - Dec 18	Jan 3- Jan 29	Jan 30 - Feb 26	Feb 27 - Mar 26	Apr 3 - April 30	May 1 - May 28	May 29 - June 25
4 week blocks												
2 week blocks												

Brief Description (what will the elective focus on):

STEP 2: OBTAIN YOUR ADVISOR'S APPROVAL

*In lieu of a live signature below, you may attach a printout of email correspondence with your advisor. **DO NOT FORWARD YOUR EMAIL CORRESPONDANCE OR THIS FORM TO ACADEMIC AFFAIRS.***

Advisor's Name: _____

Advisor's Signature: _____ Date: _____

STEP 3: COMPLETE CHECKLIST BELOW

Check	Application METHOD
	I am applying online through the VSAS PROGRAM. We will verify your information in VSAS, as well as upload your transcript. You will be responsible for uploading health records, CV, photo, and any other required documents. Skip to STEP 6 on next page.
	I am submitting a paper application or applying through an online application program (other than VSAS). Complete boxes on next page.

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STEP 4: NON-VSAS applications

Tell us what you need from C-114 (**boxes with an X will automatically be provided**):

→ The Registrar can provide these items	Check	Items to include in your away application.
		Section of Application
		Letter of Good Standing
		Official Transcript
		Unofficial Transcript to scan **NOTE: We do NOT provide students with electronic/digital transcripts. If you need this please request an "unofficial" transcript and you can scan it.
		Evaluation Form
		Proof of Malpractice/Liability Insurance
		Background Check: If the school requires a background check you must purchase one at sentrylink.com Please attach your results so that we may draft the appropriate letter.
	Drug Testing: please see Dr. Figueroa in WCMC Health Services if you need to obtain a urine tox screening.	

Please note that the application may require **YOU** to provide the following information:

YOU are responsible for these items →	Item	Possible items to include in your away application.
	Away Institution Application	Complete all student sections and print. ATTACH APPLICATION TO THIS FORM WITH PAPERCLIP. We will complete the sections intended for the Registrar.
	HIPAA Training	Go to http://myprofile.med.cornell.edu to print HIPAA Training Certificate.
	Away institution's medical form (Check school's web site.)	Submit to WCMC Student Health Services for completion prior to submitting your application to Academic Affairs.
	Health Insurance Card	Copy the front and back of your health insurance card.

STEP 5: Choose one of the following:

(Please allow 5 business days for completion of your application):

Check	
	Please mail my application for me. The address is: <hr/> <hr/> <hr/>
	I will pick up my application from C-114 in 3-5 days.

STEP 6: 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 the Registrar must process all applications for away electives **BEFORE** the WCMC student begins the away experience. Credit will NOT be granted for unapproved away electives. **AWAY elective code is AWAY.8001.**

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