

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.

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 (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