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## Office of International Medical Student Education AOC RELATED TRAVEL REQUEST FORM

**Instructions**: All WCM medical students planning international travel as part of their AOC projects must complete this form **at least 1 month prior to travel** AND complete the requirements listed below in order to obtain **approval** prior to travel.

First Name			Middle Initial		Last Name		
Telephone Number			imadio imidai	E-mail	Lastitains		
Birthdate				Class			
Local Address	Street			3.000			
	City						
	State					Zip	
	Street					—·F	
Permanent Address:	City						
	State					Zip	
						Zip	
Premedical Education							
Name/Location of School(s)		L	egree & Date		Major Field		
Please list any prior international experiences and/or relevant courses							
1							
2							
3							
Please list what	languages y	ou read, v	write and speak a	nd indica	te your level. (E	= exce	ellent, G = good,
F = fair)							
		RE	ADING LEVEL	WRIT	ING LEVEL	SPE	AKING LEVEL
1 English							
2							
3							
AOC Project Title							
AOC Cornell Faculty sponsor/Mentor							
Office Address	uity sponsoi	ITIVICITOI					
Telephone							
E-mail							
	4						
AOC Host/In-Cou Mentor	untry						
Office Address	1						
Telephone							
E-mail							
	1						
Location of Travel (please list all Countries to be visited:							
Dates of Travel							
Brief Description of Travel							

## **AOC Related Travel Request Form**

## Please include the following with your form:

- 1. Curriculum Vitae
- 2. Letter of support from Weill Cornell faculty member
- 3. Letter of support from overseas mentor stating:
  - 1. That they have knowledge and experience in the area to be studied and have obtained (or are in process of obtaining) required ethics board clearances to conduct the AOC related research.
  - 2. Their academic and clinical affiliations.
  - 3. Their willingness to accept the responsibility for supervising you in carrying out the project.

## Additional Requirements Prior to Travel Approval

- Review the WCM Student Travel Handbook
- Sign and Return Waiver Release Forms prior to departure
- Application for Research Credit (if applicable, through Dr. Brown's Office)
- Register your travel with Risk Management / Travel Insurance Program (International SOS)
- Register your travel with the Registrar's Office/OASIS including dates
- Complete required pre-departure Ethics and Cultural Competency Training modules (see IMSE website).

This Form and all supporting documents should be emailed to Maritza Montalvo, IMSE's Program Specialist at <a href="mmontalv@med.cornell.edu">mmontalv@med.cornell.edu</a> at least 1 month prior to departure.