

**Office of International Medical Student Education
Visiting International Student Program**

DEAN OR REGISTRAR VERIFICATION FORM

Before completing this form, please read the description of the Visiting International Student program at Weill Cornell Medical College and the student's request.

Name of Student: _____

The above student has applied for elective rotations at the Weill Cornell Medical College during the dates of:

_____ to _____
Month /day/year Month /day/year

The information below should be completed by a university official. Please check the appropriate box indicating YES or NO.

YES NO

Is this student in good academic standing?

Will student be covered by personal health insurance while in US?

Will student be covered by malpractice or indemnity insurance?

Is student fluent in English?

Do you feel student is qualified for electives he/she has selected?

Dean or Registrar, please complete.

Authorized by (**Print name**): _____

Position at School (*if other, please indicate title*):

Dean Registrar Other: _____

School			
Address			
Country			
Telephone		Fax	
E-mail			
Signature		Date	

Please attach your letter of recommendation.