

**INTERNATIONAL ELECTIVE APPLICATION FORM**

Complete and return application with attachments using the following link:

<https://transfer.weill.cornell.edu/form/international-students>

**DUE DATE: 6 Months prior to the start of the earliest elective choice**

*Do not submit application more than 6 months in advance of first elective start date*

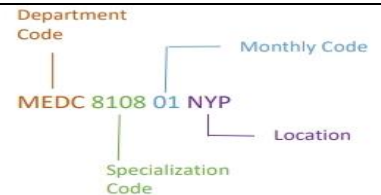
**A: PERSONAL INFORMATION**

To be completed by student. Please type. **Handwritten applications will not be accepted.**

<b>NAME AS IT APPEARS ON PASSPORT:</b>			
Last	First	Middle	Male [ ] Female [ ]
Date of Birth [MM/DD/YEAR]		Citizenship	
Email address		Telephone Number	
<b>MAILING ADDRESS</b>	Street	Apt #	
City	State	Zip	
Country			
Name of Undergraduate School (if applicable):			
Name of Medical School + Country		Expected Date of Graduation (mm/yy):	
		Degree to be Awarded:	
<b>SCHOOL CONTACT</b>	Name	Email	
<b>EMERGENCY CONTACT</b>	Name	Telephone	

**B: ELECTIVE CHOICES AND DATES**

Use catalog to find the elective codes ex. MEDC 8108 01 NYP or EMER 8304 07 NYQ (see key to the right for explanation). Only list each elective once with recommended 6-9 electives in order of preference. Electives will be considered for all available dates listed. **Please note the maximum possible time allowed for elective is 8 weeks.**



AVAILABLE DATES		
(mm/dd/yy - mm/dd/yy)		
1)	2)	3)

ELECTIVE CHOICES		
(Department code and specialization code, i.e. MEDC 8108 01 NYP or EMER 8304 07 NYQ)		
1)	2)	3)
4)	5)	6)
7)	8)	9)

**I have read and understood the application materials. I attest that the information given in this application is accurate and true.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTES to Office of Global Health Education:
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**Attach in PDF format:**

- Non- refundable Application Fee \$300 USD **\*\*\*ONLY PayPal and Personal Checks/Money Orders accepted\*\*\* (submit proof of payment)**
- Curriculum Vitae (with photo)
- Dean/Registrar Verification Form
- Dean's Letter
- Official Transcript with Grades/Marks (and grading system key in English)
- Health Statement Form (1 page)
- Statement of Intent (one page max)
- Photo page of passport and visa page (if applicable)

**\*\*\*\*\*If approved you will be required to submit Health Insurance Policy and Malpractice Insurance Policy\*\*\*\*\***