

VISITING INTERNATIONAL STUDENT ELECTIVE APPLICATION FORM

Complete and return application and attachments to:

<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.*

NAME AS IT APPEARS ON PASSPORT							
Last Name		First Name			Middle Initial		
Date of Birth [MM/DD/YEAR]		Country of Citizenship			Male [] Female []		
Email address			Telephone Number				
MAILING ADDRESS							
Address							
City		State		Country			
Name of Undergraduate School (if applicable)							
Name of Medical School							
Expected Date of Graduation (MM/YEAR):			Degree to be Awarded:				
Medical School Address							
Address							
City		State		ZIP	Country		
SCHOOL CONTACT		Name					
Telephone Number		Email address					
EMERGENCY CONTACT		Name		Telephone			

B: ELECTIVE CHOICES AND DATES

*Use catalog to find the elective codes ex. MEDC 8108 NYP or EMER 8304 NYQ. 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 MONTHS					
<i>(There are no placements in June, July or August)</i>					
1		2		3	
ELECTIVE CHOICES					
<i>(ex. MEDC 8108 NYP or EMER 8304 NYQ)</i>					
1		2		3	
4		5		6	
7		8		9	

Please indicate the length of time you are requesting for the above electives. Note the maximum possible time allowed for electives is 8-weeks: 2-weeks [] 4-Weeks [] 6-weeks [] 8-Weeks []

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:	
If you have any notes for Office of International Medical Student Education, please enter it here:			

Attach in PDF format:

- Non-refundable Application Fee \$300 USD **(submit a screenshot of payment confirmation)**
- 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 *(not required for virtual electives)*
- Statement of Intent **(one page max)**
- Photo page of passport and visa page *(if applicable – not required for virtual electives)*

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