Please complete one application for each elective you are requesting. International Students can only take two electives per academic year. Arrange your elective choices, for each site or date, in order of preferred assignment. While we try to accommodate student’s preferences, we cannot guarantee that an elective opening will be available for the dates requested.

List electives choices in order of preference.
(Please use the visiting student elective calendar’s dates. Elective codes can be found on the International Elective List.

<table>
<thead>
<tr>
<th>Elective Name</th>
<th>Code #</th>
<th>Site</th>
<th>Dates (4-week block)</th>
<th>Alternate Dates (4-week block)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMPLETED BY STUDENT’S DEAN’S OFFICE OR AUTHORIZED SCHOOL OFFICIAL:

- The above student is in his/her final clinical year of medical school, is enrolled, and is in good standing at this institution.
- This student does_____does not____ have personal health insurance which includes coverage for emergency evacuation, or repatriation of remains in the event of death. (copy of current health card or insurance policy)
- Malpractice Insurance is_____is not_____ in effect while the student is away from his/her school.
  (copy of malpractice insurance certificate) with Minimums of $1,000,000 per occurrence/ $3,000,000 aggregate.
- This student will need a B1 for Business Visa letter._____Yes______No
- This student is from a US waiver country._____Yes_____No
- This student is authorized to take this elective.

Name_________________________ Date_________________________
Title_________________________ Signature____________________

Please print:

UMMS Office of Student Affairs Use Only:

Application Reviewed: __________________________ Date ________________
PSSA Student ID # __________________________ Entered by______________ Date ________________

Revised 02/24/16 jmr