



# International Visiting Student Application

University of Massachusetts Medical School

## COMPLETED BY STUDENT

Please complete the application below. International Students can only take one elective 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.

|                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Please print:</b></p> <p>Name: _____</p> <p style="text-align: center;">First                      Middle                      Last</p> <p>Street: _____</p> <p>City: _____</p> <p>Postal Code: _____ Country: _____</p> <p>Home Phone: _____ Cell Phone: _____</p> <p>Email: _____</p> <p>Expected Date of Graduation: ____/____/____</p> <p style="text-align: center;">mm / dd / yyyy</p> | <p><b>Please Print:</b></p> <p>School's Name: _____</p> <p>School Contact: _____</p> <p style="text-align: center;">First                      Middle                      Last</p> <p>Street: _____</p> <p>City: _____</p> <p>Postal Code: _____ Country: _____</p> <p>Contact's Phone: _____ Fax: _____</p> <p>School's Phone: _____ Fax: _____</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Elective Name / Number | Site | Dates<br>(4-week block) | Alternate Dates<br>(4-week block) |
|------------------------|------|-------------------------|-----------------------------------|
|                        |      |                         |                                   |
|                        |      |                         |                                   |
|                        |      |                         |                                   |

## 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 authorized to take this elective.

  

Name \_\_\_\_\_

please print

Title \_\_\_\_\_

please print

Date \_\_\_\_\_

Signature \_\_\_\_\_

**School Seal Required**

**UMMS Office of Student Affairs Use Only:**

Application Received: \_\_\_\_\_ Date \_\_\_\_\_

Application Decision: \_\_\_\_\_ Date \_\_\_\_\_