



Application
International Health Elective

Deadline: September 1, 2009

Return application to: _____ Mail Stop _____ Office _____

Name: _____ PGY: _____

Department/Residency Program: _____

Country of Interest:

1st Choice _____

2nd Choice _____

3rd Choice _____

Do you have a valid/current passport? <input type="radio"/> Yes <input type="radio"/> No

Describe the educational benefit you expect to receive from the international health elective.

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Describe the benefit you anticipate your residency program will received following the elective.

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Describe the benefit you anticipate the School of Medicine will receive following the elective.

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How much time are you requesting to complete the elective?

(*NOTE: Cannot be more than 30 consecutive days.)

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Outline the costs you anticipate (not to exceed \$5,000)

Travel (air fare)	
Lodging	
Meals	
Ground Transportation	

Educational Materials	
Other (specify)	

*Attach a letter of support provided by your Residency Program Director

Signature _____

Date _____