



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
 School of Medicine

Application
International Health Elective

Deadline: September 1, 2011

Return application to: _____ Mail Stop _____ Office _____

Name: _____ PGY: _____

Department/Residency Program: _____

Country of Interest:

1st Choice _____

2nd Choice _____

3rd Choice _____

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|---|
| 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)

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|--------------------------|--|
| Travel (air fare) | |
| Lodging | |
| Meals | |
| Ground Transportation | |

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|------------------------------|--|
| Educational Materials | |
| Other (specify) | |
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| | |

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

 Signature

 Date