International Elective Application Form

Part I. (to be completed by student. Please print)

A- Personal Information:

Name

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

Gender

- ☐ Male
- ☐ Female

Internet email address:

Date of Birth:

Telephone Number:

Citizenship:

Emergency Contact:

Mailing Address:

Emergency Telephone:

Medical School Attending: ________________________________

Address of Medical School: __________________________________________

_____________________________________

Expected Degree: ______________________________________

Expected Degree Date: _______________________

B- Education:

List all Clerkships completed or planning to be completed:

<table>
<thead>
<tr>
<th>Clerkship</th>
<th>No. of Weeks</th>
<th>Medical School</th>
<th>Location</th>
<th>Period (Dates)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td></td>
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<tr>
<td>Surgery</td>
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<tr>
<td>Pediatrics</td>
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<tr>
<td>Obstetrics</td>
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<tr>
<td>Psychiatry</td>
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</tbody>
</table>

C-Elective Choices and Dates:
(Sub-Internships are not available)

<table>
<thead>
<tr>
<th>Module</th>
<th>Dates</th>
<th>Course # of 1st Choice</th>
<th>Course # of 2nd Choice</th>
<th>Course # of 3rd Choice</th>
</tr>
</thead>
</table>


I have read and understand all the application materials. I attest that the information given in this application is accurate and true.

Student’s Signature: _________________________

Date: __________________________

Part II. (To be completed by the Dean of the visiting student)

The above named student is a registered full time student in good standing at ____________________________. The student is presently in her/his ______ year of a ________ year program studying for the M.D. degree. The student has the permission to take the requested elective during the periods listed. This student will____ will not____ pay tuition at our Faculty during the period of elective. The personal health coverage is _____ is not ___ in effect while the student is away from our faculty. Malpractice insurance covers____ does not cover ___ the student away from our faculty. Academic credits will___ will not ___ be awarded upon receipt of a passing grade. An evaluation of the student’s performance will ___ will not ____ be requested.

Attach with this application the following:

☐ Your Transcript
☐ Application Fees ($100)

Notes to the Applicant:

☐ Tuition Fees: The Faculty of Medicine does not impose a tuition fee for the elective clerkship of visiting students.

☐ Visiting students, like the Faculty student, must wear white gowns on the floors. Visiting student should provide their gowns.

☐ Application material should be sent to:
  Ms. Raya Alirani
  Registrar
  Weill Cornell Medical College in Qatar
  P. O. Box 24144
  Education City-Qatar Foundation
  Doha- Qatar