

THE GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER

Office of International Medicine Programs

GW Student Application for International Clinical Electives Program

PART I:

Name: _____ SSN#: _____

Date of Birth: _____ Gender: _____ Citizenship: _____

Email Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

PART II:

Identify international sites, clinical departments in which you wish to participate, and dates of travel:
Site options can be found at: <http://www.gwumc.edu/imp/education/isgws.cfm>

1st Choice Site _____

Rotation _____ Start Date & Duration _____

2nd Choice Site _____

Rotation _____ Start Date & Duration _____

3rd Choice Site _____

Rotation _____ Start Date & Duration _____

PART III:

School _____ Expected Graduation Date _____

By circling YES or NO, I certify that the following 3rd year core rotations have been completed. Please indicate all rotations that will be completed before participation in the international elective. Also, please note that unofficial transcripts must be attached for consideration.

Anesthesiology	YES	NO
Clinical Neuroscience	YES	NO
Emergency Medicine	YES	NO
Medicine and Subspecialties	YES	NO
Obstetrics and Gynecology	YES	NO
Pediatrics and Subspecialties	YES	NO
Psychiatry	YES	NO
Surgery and Surgical Specialties	YES	NO

PART IV:

Please discuss your knowledge of languages:

1st Language _____ Excellent Good Fair

2nd Language _____ Excellent Good Fair

3rd Language _____ Excellent Good Fair

Have you studied abroad before? Yes No If yes, please describe your experiences:

PART V:

I understand that if my application for an International Clinical Rotation is approved, I am responsible for meeting all costs related to travel, lodging, and living expenses. I understand that I am responsible for obtaining my own visa and other necessary travel documents, immunizations, and other requirements as stipulated by the government of the country in which I study.

I certify that the above information is correct as stated to my best knowledge.

Signature _____ Date _____

Please submit the following with your application: Curriculum vitae; personal statement outlining goals and objectives; two letters of recommendation; letter of good standing, and unofficial transcripts.