International Away Elective Application

Name: ________________________ Oakland Email: ________________

Phone Number: ________________ Expected Grad Date: ______________

Program Requested:
___ Hadassah-Hebrew University (Jerusalem, Israel)
___ Emek Medical Center (Afula, Israel)
___ UCSD Border Health Elective
___ VSLO: ____________________________

Elective Opportunity (program specialty or subspecialty): ______________

Elective dates: ______________________

Description of Elective (may be downloaded from VSLO or Host institution):

Anticipated Clinical Activities:

Learning Objectives:
Please list 3-5 intended objectives. These objectives should indicate your anticipated learning outcomes and relate back to the OUWB core competencies. These objectives should be developed with your assigned Global Health Director.
If approved, list the schedule adjustments that will need to be processed including the adding of the international elective.

<table>
<thead>
<tr>
<th>Add/Drop</th>
<th>Subject</th>
<th>Course #</th>
<th>Course Name</th>
<th>Course Location</th>
<th>Course Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADD</td>
<td>AWAY</td>
<td>MDM4 9949</td>
<td>AWAY- FM @ XYZ Med Center</td>
<td>New Med Ctr</td>
<td>08/1-08/25/2015</td>
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</tbody>
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Student Acknowledgment
I understand there may be additional costs/fees associated with enrolling in the international electives, traveling to the international site, and/or obtaining the credentials for international travel and course enrollment at the host location and will assume financial responsibility for those incurred costs.

Completed form with supporting documents may be emailed to medreg@oakland.edu, faxed to 248-370-3126, or submitted to School of Medicine Records and Registration in the CMSS suite, 216 O'Dowd Hall.

OFFICE USE ONLY

Good Academic Standing

| Yes | No |

Director of SOM Records and Registration (or designee) Signature

Elective Request Approved

| Yes | No |

Dean for Medical Education (or designee) Signature