

OAKLAND UNIVERSITY WILLIAM BEAUMONT

## Notice of Intent to Register for an International Away Elective

**Name:** \_\_\_\_\_ **Oakland Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Expected Grad Date:** \_\_\_\_\_

**Program Requested:**

\_\_\_ Faculty of the Medicine and Surgery at the University of Santo Thomas (Manila, Philippines)

\_\_\_ Hadassah-Hebrew University (Jerusalem, Israel)

\_\_\_ Emek Regional Medical Center (Afula, Israel)

\_\_\_ Yonsei University School of Medicine (Seoul, South Korea)

\_\_\_ VSLO - Institution name: \_\_\_\_\_

**Elective Opportunity (program specialty or subspecialty):** \_\_\_\_\_

**Elective dates:** \_\_\_\_\_

**Application Essay:**

Write an essay (2 pages max) detailing the following:

- a. Why you chose this international experience,
- b. What do you hope to gain from this international elective experience,
- c. How will your past academic, clinical and personal experience will complement the international elective experience,
- d. How will this international elective experience fit into your complete MD program and positively impact medical education,
- e. How will this international elective experience positively impact your ability to practice medicine and career aspirations,
- f. How will you prepare for the international elective experience,
- g. Do you have friends or family in the area that will support or contribute to the academic experience, and
- h. Are you interested in applying for COMPASS travel incentive for this experience? (*COMPASS travel initiative funds are not guaranteed. If you are a Financial Aid recipient, you **must** contact OUWB Financial Services prior to your departure.*)

**Language Proficiency**

What is your native (first) language? \_\_\_\_\_

Please indicate your language proficiency in the table below.

Language	Read	Write	Speak	Proficiency
Arabic				
Hebrew				
Korean				
Spanish				
Other*:				

\*Include specific dialect and other languages

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

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Name: \_\_\_\_\_ Oakland Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Expected Grad Date: \_\_\_\_\_

Completed form with supporting documents may be emailed to [globalhealth@oakland.edu](mailto:globalhealth@oakland.edu), or submitted to the Community and Global Engagement Coordinator.

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### OFFICE USE ONLY

Prequalifying Application Request Approved    Yes    No

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Global Health Director Signature

Date

Assigned Global Health Director: \_\_\_\_\_

COMPASS Travel Initiative Yes    No    Amount Awarded: \_\_\_\_\_

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COMPASS Signature

Date