



International Visiting Student Application

University of Massachusetts Medical School

COMPLETED BY STUDENT

Please complete the application below. International Students can only take one elective per academic year. Arrange your elective choices, for each site or date, in order of preferred assignment. While we try to accommodate student's preferences, we cannot guarantee that an elective opening will be available for the dates requested.

Name: _____
First Middle Last

Street: _____

City: _____ Postal Code: _____

Country: _____ Phone: _____

Date of Birth (mm/dd/yyyy): _____

Email: _____

Expected Date of Graduation: _____
mm /dd /yyyy

School: _____

School Contact: _____
First Last

Street: _____

City: _____ Postal Code: _____

Country: _____ Phone: _____

Contact's Phone: _____

Fax: _____

Elective Name / Number	Site	Dates (4-week block)	Alternate Dates (4-week block)

****Please Note - We cannot guarantee that an elective will be available for the dates requested ****

COMPLETED BY STUDENT'S DEAN'S OFFICE OR AUTHORIZED SCHOOL OFFICIAL:

- The above student is in his/her **final clinical year** of medical school, is enrolled, and is in good standing at this institution.
- This student does ___ does not ___ have personal health insurance which includes coverage for emergency evacuation, or repatriation of remains in the event of death. **(copy of current health card or insurance policy)**
- Malpractice Insurance is ___ is not ___ in effect while the student is away from his/her school.
(copy of malpractice insurance certificate) with Minimums of \$1,000,000 per occurrence/ \$3,000,000 aggregate.
- This student will need a B1 for Business Visa letter. ___ Yes ___ No
- This student is authorized to take this elective.

Name _____ Date _____
please print

Title _____ Signature _____
please print

School Seal Required

UMMS Office of Student Affairs Use Only:

Application Received: _____ Date _____

Application Decision: _____ Date _____