

ELECTIVES APPLICATION FORM

Personal Information

*Name:

*Email:

*Phone:

*Current Mailing Address:

*City:

*State/Province:

*Country:

Zip/Postal Code:

Academic Information

*Current Medical School:

*Year of Study:

*Expected Graduation Date:

Elective Information: Rank your speciality priority (students will be placed in order of their ranking priority subject to availability of elective placement in the chosen speciality).

1. Elective Choice 1:
2. Elective Choice 2:
3. Elective Choice 3:
4. Elective Choice 4:
5. Elective Choice 5:

Additional Information

Please answer the following questions in 100-200 words:

1. *Have you completed any relevant coursework or clinical rotations related to the electives you are applying for?
 Yes
 No

2. *What are your career goals in medicine?

3. *Why do you want to take these electives?

Letter of Recommendation

*Please upload letter of recommendation from your home institution/medical school

Agreement

By submitting this application, I confirm that all information provided is accurate and complete to the best of my knowledge. I understand that incomplete applications will not be considered.