



St. Luke's International Hospital

Medical Elective Application

St. Luke's International Hospital

9-1 Akashi-cho, Chuo-ku, Tokyo 104-8560, Japan

Instructions

1. Prior to completing this application, please read St. Luke's International Medical Elective Guidelines.
2. The application deadline is 6 months prior to the beginning of the medical elective program.
3. Please type or print clearly.
4. Numbers should be in Arabic numerals.
5. Proper nouns should be written in full and not abbreviated.

* Personal data entered in this application will only be used for program selection purposes, and contact information such as e-mail addresses will only be used for communication purposes after the student returns home and for sending information from the hospital.

1. **Name (family, given name)** _____

2. **Home address** _____

3. **Home phone #** _____

4. **E-mail** _____

5. **Birthday (Month-Day-Year)** _____

6. **Sex** Male / Female (circle)

7. **Country of Origin** _____

8. **Medical School** _____

9. **Current grade in School** Year of year program

10. Will this medical elective program fulfill a curricular requirement?

Yes No

11. Does your school have requirements for the external Medical Elective Program? (Final report, grade format, research project, etc.)

12. List four departments of your choice for rotations in order of preference. Refer to “Departments for the program” on the guidelines.

① _____

② _____

③ _____

④ _____

13. Study Plans

For what period of time do you want the medical elective program?

Length of time: _____ Preferred starting date (M/D/Y): _____ / _____ / _____

14. Emergency contact information in case of health emergency:

① Name: _____

② Telephone number: _____

③ E-mail: _____

④ Address: _____

15. How did you find out about the IMSE program at St. Luke’s ?

Date of application: _____

Applicant’s signature: _____

Applicant’s name (print): _____