 **St. Luke's International Hospital**

**International Medical Student Elective (IMSE) Application**

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**

1. **Home phone #**
2. **E-mail**
3. **Birthday (Month-Day-Year)**
4. **Sex Male / Female / Others (circle)**
5. **Country of Origin**
6. **Name of Medical School**

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

1. **Will this medical elective program fulfill a curricular requirement?**

**□ Yes □ No**

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

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

**\*If you wish to apply for a specific department for more than 2 weeks, state that below also. (However, list of four departments is still needed.)**

* 1.
	2.
	3.
	4.
1. **Study Plans**

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

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

1. **Emergency contact information in case of health emergency:**
	1. **Name:**
	2. **Telephone number:**
	3. **E-mail:**
	4. **Address:**
2. **How did you find out about the IMSE program at St. Luke’s ?**

Date of application:

Applicant’s signature(Handwritten):

Applicant’s name (print):