

COLUMBIA UNIVERSITY
COLLEGE OF PHYSICIANS & SURGEONS

OFFICE OF THE VICE PRESIDENT FOR HEALTH SCIENCES
AND DEAN OF THE FACULTY OF MEDICINE

PERMISSION TO ENROLL IN A FOURTH YEAR INTERNATIONAL ELECTIVE

Prospective sites and activities must be approved by the Office of Student Affairs.

DATE: _____

STUDENT: _____

E-MAIL ADDRESS: _____

SPECIALTY: _____

ELECTIVE MONTH/YEAR: _____

LOCATION: _____

LOCATION INFORMATION

Name and title of onsite sponsor _____

Address _____

Phone _____

Fax _____

E-Mail _____

Who will supervise _____

How often will supervision take place _____

PLEASE ATTACH ADDITIONAL PAGES WITH THE FOLLOWING:

1. Description of the proposed project complete with elective description, objectives, learning experience, how you will receive feed back and evaluation
2. Description of your career goals and the relevance of this project to those goals

ATTACH LETTER FROM YOUR SPONSOR DESCRIBING THE FOLLOWING:

1. His/Her knowledge and experience in the subject to be studied
2. His/Her academic and clinical affiliations
3. His/Her willingness to supervise you in executing your proposed project

SIGNATURE OF APPLICANT

DATE