

586 Pioneer Drive 216 O'Dowd Hall Rochester, Michigan 48309 248-370-3126 – fax medreg@oakland.edu www.oakland.edu/medicine

OAKLAND UNIVERSITY WILLIAM BEAUMONT

International Away Elective Application

Name:	Oakland Email:					
Phone Number:	Expected Grad Date:					
Program Requested: Hadassah-Hebrew University (Jerusa Emek Medical Center (Afula, Israel) UCSD Border Health Elective VSLO:	, and the second se					
Elective Opportunity (program specialty or subspecialty):						
Elective dates:						
Description of Elective (may be downloaded from VSLO or Host institution):						
Anticipated Clinical Activities:						

Learning Objectives:

Please list 3-5 intended objectives. These objectives should indicate your anticipated learning outcomes and relate back to the OUWB core competencies. These objectives should be developed with your assigned Global Health Director.



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OAKLAND UNIVERSITY WILLIAM BEAUMONT Registration

If approved, list the schedule adjustments that will need to be processed including the adding of the international elective.

Add/Drop	Subject	Course #	Course Name	Course Location	Course Dates
ADD	AWAY	MDM4 9949	AWAY- FM @ XYZ Med Center	New Med Ctr	08/1-08/25/2015

Student Acknowledgment

I understand there may be additional costs/fees associated with enrolling in the international electives, traveling to the international site, and/or obtaining the credentials for international travel and course enrollment at the host location and will assume financial responsibility for those incurred costs.

Completed form with supporting documents may be emailed to medreg@oakland.edu, faxed to 248-370-3126, or submitted to School of Medicine Records and Registration in the CMSS suite, 216 O'Dowd Hall.

OFFICE USE ONLY				
Good Academic Standing	Yes	No		
Director of SOM Records and Registration (or designee) Signature Date				
Elective Request Approved	l Yes	No		
Dean for Medical Education (or designe	ee) Signature	 Date	