Notice of Intent to Register for an International Away Elective

Name: ____________________________  Oakland Email: ____________________________

Phone Number: ____________________  Expected Grad Date: ______________________

Program Requested:
___ Faculty of the Medicine and Surgery at the University of Santo Thomas (Manila, Philippines)
___ Hadassah-Hebrew University (Jerusalem, Israel)
___ Emek Regional Medical Center (Afula, Israel)
___ Yonsei University School of Medicine (Seoul, South Korea)
___ VSLO - Institution name: ______________________________

Elective Opportunity (program specialty or subspecialty): _________________________

Elective dates: ______________________

Application Essay:
Write an essay (2 pages max) detailing the following:
  a. Why you chose this international experience,
  b. What do you hope to gain from this international elective experience,
  c. How will your past academic, clinical and personal experience will complement the international elective experience,
  d. How will this international elective experience fit into your complete MD program and positively impact medical education,
  e. How will this international elective experience positively impact your ability to practice medicine and career aspirations,
  f. How will you prepare for the international elective experience,
  g. Do you have friends or family in the area that will support or contribute to the academic experience, and
  h. Are you interested in applying for COMPASS travel incentive for this experience? (COMPASS travel initiative funds are not guaranteed. If you are a Financial Aid recipient, you must contact OUWB Financial Services prior to your departure.)

Language Proficiency
What is your native (first) language? ______________________________

Please indicate your language proficiency in the table below.

<table>
<thead>
<tr>
<th>Language</th>
<th>Read</th>
<th>Write</th>
<th>Speak</th>
<th>Proficiency</th>
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<tbody>
<tr>
<td>Arabic</td>
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<td>Hebrew</td>
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<tr>
<td>Other*:</td>
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</tbody>
</table>

*Include specific dialect and other languages

_________________________________________  _______________________
Signature of student                        Date
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Phone Number: ___________________  Expected Grad Date: ____________________

Completed form with supporting documents may be emailed to globalhealth@oakland.edu, or submitted to the Community and Global Engagement Coordinator.

__________________________________________________________________________

OFFICE USE ONLY

Prequalifying Application Request Approved  Yes  No

Global Health Director Signature  __________________________  Date

Assigned Global Health Director: ____________________________________________

COMPASS Travel Initiative  Yes  No  Amount Awarded: _______________________

COMPASS Signature  __________________________  Date