

COLUMBIA UNIVERSITY
COLLEGE OF PHYSICIANS & SURGEONS

OFFICE OF THE SENIOR ASSOCIATE DEAN
FOR STUDENT AFFAIRS

INTERNATIONAL ELECTIVE PROGRAM APPLICATION
(THIS FORM MUST ACCOMPANY THE PROGRAM SPECIFIC APPLICATION)

PLEASE ATTACH A BRIEF CURRICULUM VITAE, A TRANSCRIPT AND AN IMMUNIZATION RECORD

PLEASE NOTE THAT ALL APPLICATIONS MUST BE SUBMITTED ELECTRONICALLY TO KRZYSTYNA CUKROWSKI KC17@COLUMBIA.EDU IN THE OFFICE OF STUDENT AFFAIRS BY THE DEADLINE LISTED BELOW. IF YOU ARE APPLYING TO BEN GURION, ICAP, MILLENNIUM VILLAGES OR MEDICINE IN THE TROPICS, SHE WILL TRANSMIT YOUR APPLICATION TO THE APPROPRIATE PROGRAM LIAISON.

NAME: _____

DATE: _____

ADDRESS: _____

P&S CLASS: _____

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PHONE #: _____

E-MAIL: _____

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PROGRAMS FOR WHICH YOU ARE APPLYING:

- Columbia International Exchange Program; Deadline Sept 1
- Ben Gurion University/MSIH or affiliated sites; Deadline Sept 15
- ICAP; Deadline Aug 21
- Insights into Global Health; Deadline Sept 1
- Medicine in the Tropics; Deadline flexible
- Millennium Villages Project; Deadline Dec 15
- Other; Deadline flexible

HOW MANY LOCATIONS ARE YOU APPLYING FOR? 1 2 3 (PLEASE CIRCLE CHOICE)

LOCATION CHOICES:

1. _____

2. _____

3. _____

ELECTIVE SPECIALTY CHOICES:

1. _____

2. _____

3. _____

PREFERRED DATES:

1. _____

2. _____

3. _____

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STUDENT SIGNATURE

DATE