## THIS PROGRAM IS ONLY FOR FINAL YEAR INTERNATIONAL STUDENTS - NOT GRADUATES

ALL INFORMATION IS REQUIRED AND MUST BE PROVIDED IN **ENGLISH**INCLUDE THIS CHECKLIST WILL ALL ITEMS CHECK, AND YOUR SIGNATURE, WITH YOUR APPLICATION. APPLICATION EMAIL:

MSRIS@MEDSCHOOL.PITT.EDU

|                    | Completed application form  |  |  |
|--------------------|---|--|--|
| applicati          | Letter of credentials from home inst<br>on will be rejected. This letter must i<br>You are currently registered and in a<br>Statement of your professional beha<br>You will be a final-year student at the<br>Your home institution will award you<br>You have passed the examinations restudent photo is attached to the let | include the following statement<br>good standing<br>avior<br>ne time of the requested electiv<br>u credit for this elective<br>required in your state/country (i | е  |
| Medicin            | Statement of interest; 200 words or<br>e (MSRIS) and the UPMC elective(s) in  |  | sted in the University of Pittsburgh, School of  |
|                    | Official academic transcript in Englis  | sh   |  |
|                    | CV in .pdf form with your student pl  | <u>hoto</u>  |  |
| •<br>•<br>Scores n | Official Duolingo report with a minir<br>Official TOEFL score report with a m<br>Official OET report - minimum 350 of<br>in one test administration   | mum total score of 120 ninimum total score of 100 on listening, reading and speak d CANNOT be password protect   | ry, you must provide one of the following: ing sub-tests; minimum 300 in writing sub-test; al ed/encrypted (when the test was taken it required a application will be rejected |
|                    | Completed AAMC immunization form  | n signed by a health care provi  | der  |
| which in           | Memo stating that, if accepted by M<br>cludes well-care hospitalization while   |  | a certificate of personal health insurance coverage,   |
| <br>coverag        |   |  | a certificate of medical student liability insurance<br>1 aggregate, USD or currency equivalent  |
| <br>provide        | Board scores (including all attempts this with all other UPMC elective(s) a   |  | to Psychiatry elective. It is also suggested that you  |
|                    | ons please refer to our website ( <u>Inte</u><br>( <u>live-researchprograms-medschool-p</u><br>Pennsylvania State Criminal backgro<br>Pennsylvania State Child Abuse clea   | rnational Visiting Student Progr<br>oitt.pantheonsite.io)<br>ound check (completed)<br>urance (completed application for   | of the requested attendance dates. For ram   Medical Student Research and International orm only) receipt will need to be provided before arrival in                           |
| start of           |   | eceipt will be sent to UPSOM/M   | epartment of Human Services clearance before the SRIS, and the completed certificate result will be  |
|                    | ote if any of the above required docuete and will be rejected.  | uments are not sent with your in   | itial application your application will be considered  |
| I agree.           | Name  | <br>Signature  | <br>Date   |

## INTERNATIONAL STUDENT FINAL YEAR ELECTIVE APPLICATION

Office of Medical Student Research and International Studies • 3550 Terrace Street, Alan Magee Scaife Hall, Pittsburgh, PA 15261 USA

This application must be typed (not handwritten) and returned with all required documentation as stated on the attached checklist. Failure to provide all required documents upon initial application will result in application rejection. If approved, please be advised that no elective switches/changes or date adjustments will be made for any reason. All period dates are set and special accommodations will not be made. If our dates do not line up with your school schedule than it is up to the student to work around our scheduled dates.

| Applicant Name:   |   |  |  |
|---|---|--|--|
| School Currently Attending:   |   |  |  |
|   |   |  |  |
| Country of School:  |   |  |  |
| Student Email:  |   |  |  |
| Are you a US citizen:YesNo  |   |  |  |
| •   | eriod date calendar. Students can apply for up to These experiences do not have to be consecutive or  |  |  |
| Please access our <u>Course Catalog</u> to complete Academic Year: 2024-2025, |   |  |  |
| First Elective Period Dates:  | Academic Period Dates 24-25   |  |  |
| Department:   | Period 1 - 5/6/24 - 6/2/24  |  |  |
| Course Number:  | Period 2 - 6/3/24 - 6/30/24<br>Period 3 - 7/1/24 - 7/28/24  |  |  |
| Course Title:   | Period 4 - 7/29/24 - 8/25/24  |  |  |
| 4 weeks8 weeks  | Period 5 - 8/26/24 - 9/22/24<br>Period 6 - 9/23/24 - 10/20/24   |  |  |
| Second Elective Period Dates:   | Period 7 - 10/28/24 - 11/24/24<br>Period 8 - 11/25/24 - 12/20/24<br>Period 9 - 1/2/25 - 1/26/25   |  |  |
| Department:   | Period 10 - 1/27/25 - 2/23/25<br>Period 11 - 2/24/25 - 3/23/25  |  |  |
| Course Number:  | Period 12 - 3/24/25 - 4/20/25   |  |  |
| Course Title:   | Be aware that period dates are set  |  |  |
| 4 weeks   | and will not be changed for any reason. If accepted, you the student, must work within our calendar.  Special accommodations or exceptions will not be made for any |  |  |

If your application is accepted a pro-rated tuition payment will be required at that time. Should you be accepted and pay, then decide you will not attend the elective, please see our website for administrative fees that will be enforced. Please be aware that our program currently does not offer financial aid or scholarships.

reason.