



INTERNATIONAL VISITING MEDICAL STUDENT APPLICATION FORM

A: PERSONAL INFORMATION

To be completed by student. Please print or type:

Form with fields for NAME (Last, First, Middle), Gender (Male/Female), Date of Birth, Citizenship, Passport #, and Visa Type.

Mailing Address

Form with fields for Street, Apt #, City, State, Zip, Country, Email address, Telephone Number, Medical School Attending, Country of Medical School, and Expected Degree and Date.

Emergency Contact

Form with fields for Name, Telephone, and Email.

B: ELECTIVE CHOICES AND DATES

Please specify the number of clinical electives desired: ____

Table with 4 columns: Dates, 1st Choice, 2nd Choice, 3rd Choice.

I have read and understand all the application materials and program's cancellation policy. I attest that the information given in this application is accurate and true and that some of my documents will be shared with the clinical sites my rotation/s will take place at.

Student's Signature: _____ Date: _____

**If using an Apple computer, please use adobe reader to complete the form. Please DO NOT use Apple Preview to complete this form. If a PDF form is filled out with Apple Preview it will not show the data in the form fields when opened in Adobe Acrobat or Acrobat Reader on a Mac or PC. Thank you for your consideration **

The following documentation must be attached to this application form in order for application to be reviewed:

- Application Fee Receipt
- Curriculum Vitae/Resume
- Transcripts
- Cilinical Rotation in Miami - Agreement Form