International Elective*
2005-2006

IND.901.WC

Student Name: ____________________________________________________________

Class of: __________________________________________________________________

Title of Elective: ____________________________________________________________

Exact Dates of Elective: ____________________________________________________

Please indicate when you plan to do this in the table below.

<table>
<thead>
<tr>
<th>Module</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
<th>K</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEEK NUMBER:</td>
<td>0501</td>
<td>0505</td>
<td>0509</td>
<td>0513</td>
<td>0517</td>
<td>0521</td>
<td>0525</td>
<td>0529</td>
<td>0533</td>
<td>0537</td>
<td>0541</td>
<td>0545</td>
</tr>
</tbody>
</table>

(check boxes) 4 wks 2 wks

Brief Description:

__________________________________________________________________________

(Step 1) Director of International Medical Education: ______________________________ (Dr. Madelon Finkel)

(Step 2) Advisor's Signature: _____________________________ Date: ________________

(Step 3) Sr. Associate Dean's Signature: _____________________________ Date: ________________

(Leave with Helen Chong for signature)

Please Return to
Electives Coordinator
Office of Academic Affairs, C-118
1300 York Avenue, New York, NY 10021
Phone (212) 746-1050
Fax (212) 746-5981

Please note: this course MUST appear in your schedule in course scheduler.
*All international electives MUST be approved by Dr. Madelon Finkel, Office of International Medical Education, OH-42.