International Elective*
2006-2007

IND.901.AW

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>
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<td>(check boxes)</td>
<td>4 wks</td>
<td>2 wks</td>
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</tbody>
</table>

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