**Visiting Students from International Medical Schools**

**Application for Clinical Electives**

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| **International Medical School Official Certification**  **For Completion by Dean/Designated Official of Student’s Home Medical School** |
| **STUDENT: Last Name:**       **First Name:** |
| This is to certify that the medical student named above is in good standing at this institution, that the information provided on the application is correct, and that the student does have our permission to enroll for clinical electives at the University of Pennsylvania Perelman School of Medicine. The student has completed all required core clerkships: Medicine, Surgery, and Psychiatry (if student is applying for Psychiatry). The student is covered by personal health insurance which covers the student while away from our school and in the United States. In addition, the signature below serves to certify that we have no record of this student’s ever having engaged in criminal activity of any kind.  **Important:** Within a few weeks of the clinical elective end date, course directors submit evaluations via OASIS, an online system. The Registrar’s Office notifies students by email when the student can access the evaluation online. It is the student’s responsibility to forward the evaluation to their home institution, if required. **Additional forms requested by student or student’s home school cannot be completed, signed, or sealed.** URL to view sample evaluation: <https://goo.gl/vs98LB>  **Additional forms requested by student or student’s home school cannot be completed, signed, or sealed.**    **MEDICAL SCHOOL OFFICIAL: Last Name** :       **First Name:**        **Official Title:**       **Email Address:**  **Medical School Name:** **Location: (city/country)**        **Is instruction at your medical school in English? Yes**  **No**  *(if English is not the principal language of instruction, student’s TOEFL exam results must be provided)*    *Signature of Medical School Official Date* |