



**UNIVERSITY OF SASKATCHEWAN**  
**College of Medicine**  
**UNDERGRADUATE MEDICAL EDUCATION**  
**MEDICINE.USASK.CA**

**INTERNATIONAL ELECTIVE REQUEST**

**APPLICATION FORM**

**STUDENT INFORMATION**

<b>Phone Number:</b>	<b>Email:</b>
<b>Proposed Elective:</b>	
<b>Institution:</b>	<b>Department:</b>
<b>City:</b>	<b>Country:</b>
<b>Start Date:</b>	<b>End Date:</b>
<b>Elective Objectives:</b>	

**Student Signature** \_\_\_\_\_

**ELECTIVE TRAVEL INFORMATION**

Location of elective (city, country):		
Date of Departure:	Return Date:	
If you are a student or resident, contact information for U of S Faculty member who is supporting you in this endeavor:		
Name:	Daytime Phone:	Email Address:
Address:		
Details of prior faculty/student involvement with the project site:		

**MANDATORY REQUIREMENTS**

1.	I am willing to meet the risk requirements as set out by the University of Saskatchewan.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	I am willing to complete a FREE pre-trip orientation (Please note this is mandatory for all students).	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	I am willing to complete a post-trip debriefing session (Please note this is mandatory for all students).	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	I am willing to present my experiences upon return (e.g. to Health Everywhere, Global Health Series, Seminar)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	I am willing to submit an Educational Experiences Evaluation upon return	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ELECTIVE INFORMATION**

To be filled out by the on-site elective coordinator.

Name of Supervisor:

Address of Institution:

Institution Affiliations:

Health Care Facility Description:

X-Ray Services  Laboratory Services  Other

Description of Student Responsibilities

Will a supervisor be available and willing to coordinate student activities?  Yes  No Name:

Will a tentative schedule be prepared for the student?  Yes  No

Has your program had previous experience with students?  Yes  No

If Yes, when was your last student encounter?

What Departments/Fields available for student involvement?

What infectious diseases are prevalent in the area?

Are medication/vaccinations available and/or required?  Yes  No

If Yes, please indicate what medications/vaccinations are available and/or required

Are there any regulations on medical insurance and liability for students?  Yes  No

Is there a fee to apply for student electives?  Yes  No If Yes, please provide amount:

Will accommodations be available for the student?  Yes  No

If yes, please describe (hostel, doctor's quarters, etc.) and provide the cost

Language Requirements:

Diet in area/meals provided:

**APPROVALS**

Elective Site Coordinator

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

International Student & Study Abroad Centre

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Division of Social Accountability

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

UGME Year 4 Chair

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Return completed form to [ugme.electives@usask.ca](mailto:ugme.electives@usask.ca)