SUNY DOWNSTATE MEDICAL CENTER
COLLEGE OF MEDICINE

ADVANCED YEAR (MS4) INTERNATIONAL EXTRAMURAL ELECTIVE PROCESSING FORM

NOTE: Approval is not granted if the country is listed with a US State Department Travel Advisory warning. This form must be completed and submitted to the Office of the Registrar with your Elective Approval forms at least 3 weeks BEFORE you depart and in order to be eligible to receive academic credit. No retroactive credit will be granted.

Attach the appropriate documents as specified.

Write your initials as each step is completed

1. Acceptance letter/form from the Overseas Elective Sponsor AND the signed approval form from your clinical assistant dean AND the signed approval of SUNY Downstate department chair that they will grant elective credit for this elective.

   _______ (date & initial)

2. Attach documentation from your health insurance company or proof that you have purchased the SUNY System medical repatriation coverage (available from the Bursar’s Office for nominal fee)

   _______ (date & initial)

3. Go to the Center for Disease Control’s Traveler’s Health (http://www.cdc.gov/travel) to review required and recommended vaccinations and other health advisories. Indicate the name of the physician who administered any vaccinations for this trip.

   _______ (date & initial)

   Go to the US Department of State’s Travel Information Website (https://travel.state.gov/content/travel/en/international-travel.html) to

   4. read the Travel Warnings _______ (date & initial)

      (https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages.html) and

   5. and Public Announcements _______ (date & initial)

      (https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages.html)

   6. and Consular Information Sheet for the country you are traveling to _______ (date & initial)

      (https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages.html)

(Continued on next page)
7. Print the Name and Telephone Number of your USA family member who you have notified of your trip and who has your itinerary
Name _____________________________________________
Relationship _______________________________________
Telephone Number __________________________________

8. Print the Name and Telephone Number of the contact person overseas who can reach you in case of an emergency (who we can telephone in case we need to reach you)
Name __________________________________________
Relationship _____________________________________
Address __________________________________________
Telephone Number ________________________________

9. Signed SUNY Downstate Consent and Release Risk Waiver Form (available from Office of the Registrar) _______ (date & initial)

Return completed form to the Office of the Registrar a minimum of 4 weeks BEFORE you leave the United States and in order to be eligible to receive academic credit. Approval is not granted if the country is listed with a US State Department Travel Advisory warning.

*********************************************************************************
Received by the Office of the Registrar __________________________
Date stamp

Elective Country ________________________________________________

Copy of completed International Extramural Elective Processing Form and Consent and Release Risk Waiver form to VP for Student and Academic Affairs for review.

Reviewed by VP Student and Academic Affairs (date) __________________