

VISITING STUDENT APPLICATION
Office of the Registrar – Box 1257
Mount Sinai School of Medicine
One Gustave L. Levy Place New York, NY 10029

Name _____ Social Security Number ____/____/____
 Address _____ e-mail _____
 _____ Phone ____/____/____
 _____ Country City Number

 Citizenship _____ Male _____ Female _____
 Medical School _____ What Country? _____
 I am currently a _____ year student in a _____ year program.

This section to be filled out by Dean or comparable school official of medical school where the student is enrolled.

The medical student above is in good standing at this institution. He/She _____ will _____ will not pay tuition at our institution during the period indicated below. Personal health coverage _____ is _____ is not in effect while the student is away from our school. Malpractice insurance _____ is _____ is not in effect while the student is attending the elective.

SCHOOL SEAL

 TITLE OF SCHOOL OFFICIAL Signature Date

List Core Clerkships that you will have completed at the time of your proposed elective.

Clerkship _____ - _____ Dates	Clerkship _____ - _____ Dates
Clerkship _____ - _____ Dates	Clerkship _____ - _____ Dates
Clerkship _____ - _____ Dates	Clerkship _____ - _____ Dates

What elective are you applying for?

If you are applying for more than one, Xerox appl., seal and reapply.

Note: All electives must begin on a Monday and end on a Friday.

Title of Elective _____ Elective Number _____ MSSM or Affiliate _____
 Dates: ____/____/____ - ____/____/____
 (MONDAY) (FRIDAY)

Non-refundable Processing Fee = \$100
Mandatory Student Health Fee = \$40
Payable by check or money order on
First day of elective.

Return this form to:

NAME OF DEPT.(INCLUDING INTERNAL BOX #)
 Mount Sinai School of Medicine
 One Gustave L. Levy Place; New York, NY 10029
IN ADVANCE of YOUR ARRIVAL (the
Wednesday Prior), FAX THIS FORM TO THE
VISITING STUDENT OFFICE 212/369-6013

FOR DEPARTMENT USE ONLY – DO NOT WRITE IN THIS SECTION

The above elective _____ Has been approved for the requested time _____ is not available
 _____ Is available for the following dates FROM _____ TO _____
 Contact _____ at _____
 Department contact person phone number

IF THE STUDENT HAS BEEN APPROVED TO TAKE THE ELECTIVE AND CANNOT ATTEND, **AT LEAST ONE MONTH'S NOTICE** MUST BE GIVEN SO THAT OTHER STUDENTS ON THE WAITING LIST CAN HAVE THE OPPORTUNITY TO PARTICIPATE IN OUR ELECTIVES PROGRAM.

Proof of HIPAA compliance must be provided by the institution where you are matriculated. Otherwise, you will have to complete successfully HIPAA training at Mount Sinai.