

The University of the West Indies
Application form for Visiting Electives Students

Name:

PRESENT LEVEL OF MEDICAL TRAINING

In order to ensure that students gain maximum benefits from electives, it is necessary for the applying student to state the type of training to which they have so far been exposed.

Current Year in Medical School				3	4	5
Years of Clinical work	0	1	2	3	4	5

Comments/Clarification:

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DETAILS OF ELECTIVE

PROPOSED ELECTIVE DATES: FROM / / TO: / /

Electives usually run for 4-6 weeks, please explain if you require a shorter or longer duration.....
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I AM APPLYING FOR AN ELECTIVE ATTACHMENT IN:

FIRST CHOICE

SECOND CHOICE:

THIRD CHOICE:.....

See Information sheet for elective disciplines. Consideration may be given to an elective in a discipline not listed. Please indicate any such area of study:

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PLEASE ADD ANY FURTHER INFORMATION WHICH MAY ASSIST US IN EVALUATING YOUR APPLICATION

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Signature of Applicant

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Date (dd/mm/yyyy)