*Mark Sedler, MD, MPH  
Founding Director, Office of Global Medication Education*

**International Elective Application Form**

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| --- | --- |
| **Student Name** |  |
| **Destination** |  |
| **Start Date**  **End Date** |  |
| **Site Sponsor/Supervisor (Name and Email Address)** |  |
| **Type of elective (research, clinical, or language)** |  |
| **Brief description of what elective will consist of** |  |
| **Mode of funding (self, grant, etc.)** |  |

Approved Dr. Mark Sedler

Submit form to Laurel Loh in the Office of Student Affairs/Global Medical Education Office or by email [laurel.a.loh@stonybrookmedicine.edu](mailto:laurel.a.loh@stonybrookmedicine.edu). Phone: (631) 638-7807