*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**  |  |
| **Goals and Objectives (at least 3)****1.****2****3.** |  |
| **Assessment (international electives are graded P/F)\*** |  |
| **Mode of funding (self, grant, etc.)** |  |

**\* The Stony Brook course director will submit a grade based on their assessment of the student’s achievement of stated goals and objectives. Feedback from the International elective supervisor will be considered in making this assessment.**

Approved Dr. Mark Sedler

Submit form to the Office of Student Affairs/Global Medical Education or by email: mark.sedler@stonybrookmedicine.edu