

**FORM F: UNIVERSITY OF COLORADO DENVER  
SCHOOL OF MEDICINE  
Department of Family Medicine International Electives**

One of our medical students has applied to do an elective at your institution. Please complete Section II of this form and return it to the medical student listed below. If the student will complete a **clinical component** a written evaluation with narrative comments is required upon completion of the elective. For students completing the **Foreign Language Immersion** course, a *Training Hours Report Form* is required. Upon arrival our student will give your course director the required form(s), with a return address. To receive academic credit, students must register 60 days prior to beginning the course and complete the Successful International Experiences sessions. Students are required to receive course director signature and be in good standing with the Office of Student Affairs to enroll in this elective.

**IMPORTANT NOTE:** UCD medical students are not covered under the UCD malpractice insurance outside of the United States. Issues regarding this are addressed during the Successful International Experiences sessions.

**SECTION I: (To be completed by student)**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**SECTION II: (To be completed by the accepting institution or the student may complete and attach supporting documentation.)**

Course Title: \_\_\_\_\_

Name of Institution \_\_\_\_\_

Address: \_\_\_\_\_

Print name & title of preceptor or course director: \_\_\_\_\_

Phone number for preceptor or course director: \_\_\_\_\_

Dates accepted for course: \_\_\_\_\_

Date of Departure: \_\_\_\_\_

Date of Return: \_\_\_\_\_

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**FOR UCD APPROVAL**

1. UCD DFM International Electives Course Director: \_\_\_\_\_ Date Approved: \_\_\_\_\_

2. UCD Associate Dean for Student Affairs: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Student Signature: \_\_\_\_\_