

## International Experience Description Form

This form should be completed by an ECU student who has completed an international rotation/elective/experience.

**Instructions: Please complete the form below with as much detail as possible regarding your international opportunity. Upon completion, please save this form in .pdf format on your computer/desktop and email your pdf document to [mdabroad@ecu.edu](mailto:mdabroad@ecu.edu). The information you provide will be made available to students on Brody's International Medicine website. Thank you for completing this form.**

This form is submitted by (name):

Name of Rotation/Elective/Opportunity:

Country of Location:

City(s) of Location:

Name of Sponsoring/Affiliated Organization:

Is the sponsoring/affiliated organization religion-based? If so, which religion/faith?

Is this an Annual Rotation/Elective or One-time Opportunity?  
Program Dates (month(s) and day(s)):

Term Available:

Fall

Spring

Summer

Language(s) Spoken at Location (Please indicate if there is a language requirement for this experience.)

Eligibility (Medical student year 1-4/Post graduate year/etc.)

Estimated Costs (Please provide a concise budget, including housing, transportation, food, etc.)

Detailed description of the program (e.g. level of education, students' roles, skills needed, call nights, medical specialty, patient care experiences, procedural experiences, extra-curricular experiences, travel opportunities, etc.)

Application Deadline

ECU Contact Information

Phone

E-mail

Fax

On-site (Out-of Country) Contact Information

Phone

E-mail

Fax

Related links:

Did you receive any funding for this trip? If so, from what source/grant/scholarship?

Would you recommend this program to others? Why or why not?

What would you advise other students who are planning to pursue this experience?

What was your favorite and least favorite aspect of the program/location?

Please include any other information, memories, opinions, etc.

Describe your typical day including how far/long you had to travel each day from your residence to the medical site where you worked?

Please comment on safety in the city/country of travel. Would an unaccompanied woman feel comfortable or safe in the setting?

**Thank you for your time and assistance in providing the information above. Our goal is to engage more medical students and residents in international medical experiences. If you have any questions regarding this form, please e-mail Dr. David Musick, Associate Dean of Medical Education, at [musickd@ecu.edu](mailto:musickd@ecu.edu).**

**In addition, if you are interested in making your experience an institutionally recognized elective at Brody, please contact Dr. David Musick ([musickd@ecu.edu](mailto:musickd@ecu.edu)) for more information.**