

International Experience Description Form

This form should be completed by a BSOM faculty member responsible for the trip.

Instructions: Please complete the form below with as much detail as possible regarding your international opportunity. Upon completion, please save this form as a pdf. on your computer and email it to 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.

Your name and department form is:

Name of Rotation/Elective/Opportunity (If this is an approved BSOM elective, please indicate the course/elective number.):

Country of Location:

City(s) of Location:

Sponsoring/ Affiliated Organization:

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

Is this an annual rotation/elective 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, extra-curricular opportunities, medical specialty, patient care experiences, etc.):

Application Deadline:

ECU Contact Information:

Phone

E-mail

Fax

On-Site (Out-of-Country) Contact Information

Phone

E-mail

Fax

Related links:

Comment on safety in the city/county of travel:

Additional Information:

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.