



Please affix passport-sized photograph in this space.

**FACULTY OF HEALTH SCIENCES
CLERKSHIP ELECTIVES APPLICATION FOR VISITING STUDENTS**

A. TO BE COMPLETED BY APPLICANT:

Name _____

Address _____

Telephone _____ Facsimile _____ E-mail _____

Name and mailing address of medical school _____

Length of Medical Course _____ Year presently enrolled in _____

Dates of Elective (maximum 12 weeks) from _____ to _____

Discipline chosen for elective - 1st choice _____ 2nd choice _____

A non-refundable money order/certified cheque payable to Queen's University in the amount of \$100.00 must accompany this application

B. TO BE COMPLETED BY APPLICANT'S DEAN:

1. General assessment of applicant's character _____

2. Assessment of academic ability (above average / average / below average).

3. Student's knowledge of English (spoken) _____ (written) _____

4. Will the student be covered by Liability Insurance by your Institution: yes no Amount of Liability: _____

5. Will the student be covered by Personal Health Insurance: yes no

6. I support with/without reservation the application from the above student.

(School seal/stamp) Signature: _____

Title: _____

Date _____ School: _____

C. TO BE COMPLETED BY QUEEN'S DEPARTMENTAL ELECTIVES COORDINATOR:

1. The elective requested in Section A (is) (is not) approved _____
(signature)

This appointment will be at: KGH CCSEO HDH SMOL

The student will report to: _____ Place: _____ Time: _____

2. The elective requested in Section A (is) (is not) approved _____
(signature)

This appointment will be at: KGH KRCC HDH SMOL

The student will report to: _____ Place: _____ Time: _____

