

Please check the program you are applying to:

* Anesthesiologist Assistant
* Medical Imaging
* Genetic Counseling
* Physical therapy
* Physician Assistant

**NON-VSLO VISITING STUDENT APPLICATION FORM**

Read and follow each step carefully and see the checklist on page 3 of this application for further guidance.

Incomplete or incorrect applications will not be considered.

For non-VSLO visiting students, a non-refundable application fee of $100.00 in the form of a check or money order, payable to Emory University School of Medicine must accompany this application. (U.S. currency only) Visiting students who are accepted to an Emory elective will be required to pay an additional $260.00 tuition fee

Completed health forms must be mailing separately to: Emory University Student Health Services, 1525 Clifton Road, Atlanta, GA 30322. Please include a copy in your application packet for the Electives Program Coordinator.

All copies of this application and required documentation must be returned to: Academic Electives Program Coordinator: Office of Student Affairs, Emory University School of Medicine, 49 Jesse Hill Jr. Drive, Atlanta, GA 30303.

Student Name:

Current School: Anticipated Graduation Date:

Gender:

Male

Female Date of Birth: Social Security #:

Place of Birth (City, State/Providence, Country):

Citizenship:

|  |  |  |  |
| --- | --- | --- | --- |
| Permanent Address: |  | | |
| Street  Current Address: | City | State/Providence/Country | Zip Code |
| Street | City | State | Zip Code |

Email Address: Phone #:

Telephone number where you can be reached during your rotation:

Address during rotation (if available):

Street City State Zip Code

List the specific Emory Elective you are requesting, with 2 alternates:

\*Current rotation dates are listed on the Emory School of Medicine Visiting Student Web Page:

https://med.emory.edu/education/admissions/visiting/index.html

Please indicate if you are applying to take 1 or 2 electives: 1 elective 2 electives

**Elective Name & Course Number:**

**Requested Dates:**

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**Elective Name & Course Number:**

**Requested Dates:**

By signing this, I am certifying to the best of my knowledge, the information contained in this application is accurate.

Signature Date

SIGNATURE OF DEAN

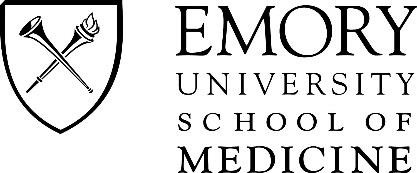
This certifies that is a registered final year student in good standing at

(School) meets all requirements and has permission to do an elective at

Emory University School of Medicine. All documents and information contained in this application are accurate and this

student is prepared to participate in the course of study designated above.

Academic Dean or Designee Signature Print Name Date



**NON-VSLO VISITING STUDENT APPLICATION CHECKLIST**

**CHECKLIST OF ITEMS THAT MUST BE SUBMITTED AS PART OF YOUR APPLICATION:**

* Completed visiting student application form
* Non-refundable $100 application fee in U.S. currency
* A current official transcript from your school
* A letter from your Registrar or Dean stating that you are in good standing
* Completed health forms. Forms can be found using the link below:

https://studenthealth.emory.edu/immunization/forms.html

* Proof of personal health coverage which provides coverage in the United States, and specifically in Georgia
* Proof of medical liability and/or malpractice insurance covered by your home school during the elective time (minimum of $1 million per occurrence/$5 million aggregate liability)
* 2 passport size/quality photographs
* Documentation of a criminal background check through an Emory preferred background check provider:

<http://www.advantagestudents.com> [http://www.infomart-usa.com](http://www.infomart-usa.com/)