

WEILL CORNELL MEDICAL COLLEGE  
AWAY ELECTIVE REQUEST FORM

Name: \_\_\_\_\_ Class: \_\_\_\_\_  
Last First MA

Date: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**This form and all the items listed in Table A must be submitted as a single packet before your application can be processed. Please be sure you have included all items on the checklist (Table A) and that you have indicated all documents that you require from C-118 (Table B). You may pick up your Away Elective materials in 5 – 7 business days from the date of your submission of the complete application packet. Academic Affairs will not mail your application materials.**

Note: All applications for away electives must be approved by WCMC’s Office of Academic Affairs BEFORE the WCMC student begins the away experience. Credit will not be granted for unapproved away electives.

**A. What we need from you:**

Done	Item	Process
	WCMC Away Elective Approval Form	Complete form and obtain WMC advisor’s signature before submission to C-118. (Forms will not be processed without the WCMC advisor’s signature.)
	Away Institution Application	Complete all student sections and print
	HIPPA Endorsement	Go to <a href="http://myprofile.med.cornell.edu">http://myprofile.med.cornell.edu</a> to print HIPPA Training Certificate
	Away institution’s medical form (if required. Check school’s web site.)	Submit to WCMC Student Health Services for completion prior to submitting your application to Academic Affairs.
	Health Insurance Card	Copy the front and back of your health insurance card

**B. Tell us what you need from C-118 (check only the ones that apply):**

Check	Items that away institution require
	Section of Application
	Letter of Good Standing
	Official Transcript
	Evaluation Form
	Proof of Malpractice/Liability Insurance
	Other (please describe below)

**Please allow 5 – 7 business days from submission for completion of your application.**

**APPLICATION ON BACK OF THIS FORM.**

**OVER→**