

**International Elective
Agreement with Wright State University Boonshoft School of Medicine**

Students who wish to receive credit for student-initiated electives that are international electives must agree to the following conditions:

PRIOR TO DEPARTURE FOR INTERNATIONAL ELECTIVE:

1. Participate in a course, seminar, or self-study for cultural orientation and preparation for the trip, and provide evidence of this activity to the Boonshoft School of Medicine (applicable only to Biennium I International Electives).
2. Secure visas if necessary, ensure that passport is current, and provide copies of each to the Boonshoft School of Medicine.
3. Obtain appropriate immunizations, provide documentation of such to the Boonshoft School of Medicine, and carry an immunizations record while traveling.
4. Obtain and provide documentation to the Boonshoft School of Medicine of medical insurance that includes provisions for emergency evacuation to the United States.
5. Provide Boonshoft School of Medicine with emergency contact information in host and home countries.
6. Gather information concerning health or political hazards that may place a traveler at risk, by consulting State Department and Centers for Disease Control and Prevention websites.
State Department Advisories: <https://travel.state.gov/content/travel.html>
Centers for Disease Control and Prevention: <https://wwwnc.cdc.gov/travel>
7. Complete and submit for review all required documentation for the International Elective.

AFTER INTERNATIONAL ELECTIVE IS COMPLETED:

8. Complete and submit all preceptor evaluation materials required for the International Elective.
9. Complete and submit either:
Biennium 1 International Elective Student Evaluation Form **or**
Biennium 2 International Elective Student Evaluation Form

I have read and understood the above guidelines. I understand that the decision to work and study abroad is mine alone, and that Wright State University bears no responsibility for my health or safety during this elective.

Printed Name: _____

Signature: _____ Date _____

Submit this form to Carla Lachecki, carla.lachecki@wright.edu or 290 White Hall.