



Office of the Registrar
Jack and Pearl Resnick Campus
1300 Morris Park Avenue
Belfer Building, Rm 210
Bronx, NY 10461
718.430-2102 718.430.4123 fax

International Exchange Program Application Form

A minimum of 2 months is required to participate in the International Exchange Program. Please note: 1 month at Saitama Medical School in Japan is permitted. Once approved, students must submit required documentation for funding reimbursement to Hayley Erickson, Hayley.erickson@einstein.yu.edu

Registration will be completed once the student provides the Registrar's Office the Personalized Career Plan for External Electives Form and an official acceptance notification from the International Exchange School.

Date: _____

Banner ID: _____

Name: _____

Year of Graduation: _____

Please select which International Exchange Program you are applying to:

School of Medicine of Ben Gurion University of the Negev in Israel

Hadassah Medical School of the Hebrew University in Jerusalem

Einstein-Paris Exchange Program of the University of Paris System

Karolinska Institute in Sweden

Saitama Medical School in Japan

Please submit a personal statement explaining why you are interested in the selected International Exchange Program and how you see the experience fitting into your development as a physician.

Dean of Students Signature: _____ Date: _____