

INTERNATIONAL ELECTIVE PROGRAMME APPLICATION

FOR THE YEAR

STELLENBOSCH UNIVERSITY: Faculty of Medicine and Health Sciences
International Elective programme application




- **Application must reach the International Office 12 months prior to the commencement date of the proposed elective**
- If you are admitted to a study programme, this form will be part of your agreement with the University, and it is important that you understand all your responsibilities. Once you have signed and submitted the form, your agreement with the University becomes legally binding.
- You must ensure that the information you have given is correct. If the information is incorrect the University is entitled to reject your application, terminate your admission, or cancel your registration immediately.
- The University has drafted this form in plain language, but please do not hesitate to ask for an explanation if you do not understand it.

FOR OFFICE USE ONLY
FILE NUMBER:

TYG_INT

 Tygerberg International Office (TIO), PO Box 241, Capetown

 +27 21 938 9549

 www.sun.ac.za

INTERNATIONAL ELECTIVE PROGRAMME APPLICATION

A. BIOGRAPHICAL DETAILS:

Surname: Initials: Title: First Name:
Date of birth: Gender: Race:
Birth Country: Citizenship:
Home Language: Marital Status:
Mobile / Cellphone number: Email Address:
Postal Address: Home Address:

Passport / ID number:

B. ELECTIVE PLACEMENT REQUEST:

Please indicate if you intend to spend 8 weeks in Discipline 1 or 4 weeks in Discipline 1 and 4 weeks in Discipline 2

What area are you interested in? Clinical Discipline 1:
 Research Discipline 2:

REQUESTED PERIOD: *(Maximum 8 weeks; Minimum consult information pack)*

START DATE: END DATE:

C. EMERGENCY CONTACT DETAILS (NEXT OF KIN):

Surname: Initials: Title:
Relationship:
Email Address:
Physical Address:

D. PLEASE CHECK THAT THE FOLLOWING ARE INCLUDED IN YOUR APPLICATION:

(please make sure ALL documents are attached. Incomplete applications will not be considered)

International elective programme application form (4 pages)

Curriculum Vitae (not more than 2 pages)

CLEAR COLOUR copy of passport (ID in case of RSA student)

Proof of registration at foreign University

Letter from foreign University supporting elective placement

Proof of proficiency in English (TOEFL results and / or other proof)

Proof of Medical Insurance to be used in South Africa (upon acceptance)

E. APPROVAL BY YOUR UNIVERSITY (TO BE COMPLETED BY HOME INSTITUTION)

I confirm that (name of student)

is a full time student in good standing at this University:

UNIVERSITY:

ADDRESS:

NAME OF DEGREE:

YEAR OF STUDY:

By the time of the requested elective rotation, the applicant would have completed core clinical clerkships in: (list number of weeks)

Int. Medicine:

OB-GYN:

Paediatrics:

Surgery:

for Other please list:

SIGNATURE:

RANK:

DATE:

UNIVERSITY STAMP:

STAMP

F. YOUR RESPONSIBILITIES

You must ensure

- a) that you have read and understood the contents of the "Information pack for International Elective students" enclosed with this application form;
- b) that the particulars furnished by you in this application are true and correct;
- c) that you fully understand that the University is entitled to cancel your registration immediately, should it become apparent that any particulars in this application are incorrect;
- d) that you undertake not to institute a claim of any nature against the University or any employee of the University and not to hold the University or any employee of the University responsible for any damage or loss of any nature whatsoever that you, personally, or any property belonging to you may sustain and which directly or indirectly follows from any of the following:
 - your participation in any activity of any nature whatsoever that is related to your studies or training, or to sport or recreation of any nature; or your utilisation of any premises, building, equipment or facility of the University of any nature whatsoever, or your residence in or visiting of University accommodation; and that such participation, utilisation, residence or visiting will be undertaken on your own responsibility and that you freely accept the risks involved therein; and that you understand that the University takes out no insurance to this purpose on your behalf or to your benefit.
- e) that you authorise the University in the event of you requiring urgent medical treatment to get appropriate medical assistance and that you accept responsibility for the payment of the costs thus incurred;
- f) that you will immediately get the necessary medical advice or treatment if you have reason to suspect that you have any contagious or infectious disease, capable of creating a risk for other persons through your participation in any aspect of University activities, including, without restriction, residence in University accommodation, attendance of any instructional occasion, taking of examinations or tests or participation in University-related projects, sport or recreation; and that, if in terms of such medical advice it is desirable, you will withdraw from any such University activity and that you indemnify the University against any liability of whatever nature that may directly or indirectly arise for the University in consequence of your failure to comply with this undertaking;
- g) that you undertake to pay punctually all such registration, residence and other fees as the University may from time to time charge during the time for which you register as a student of the University;
- h) that you furthermore undertake to defray all legal costs arising for the University in the event of your failure to discharge any duty relating to the payments mentioned in (g) above.
- i) that you accept the current policy concerning the ownership of intellectual property created by you during the course of your studies at Stellenbosch University.
- j) that in terms of sec 37 of the Promotion of Access to Information Act, Act 2 of 2000, you are hereby requested to treat the information furnished to you in this application form, as well as information furnished to you by third parties as a result of your application for admission to the Stellenbosch University, as confidential.

SIGNED BY STUDENT:

OR INITIALS BELOW:

DATE:



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STELLENBOSCH
UNIVERSITY

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