

## Central & South Americas

Argentina  
Bolivia  
Brazil  
Chile  
Costa Rica  
Dominican Republic  
Ecuador  
El Salvador  
Guatemala  
Haiti  
Honduras  
Mexico  
Peru



## Europe

Austria  
Bulgaria  
France  
Germany  
Greece  
Italy  
Netherlands  
Poland  
Spain  
Sweden  
Switzerland  
United Kingdom



## Middle East

Bahrain  
Egypt  
Israel  
Jordan  
Lebanon  
Saudi Arabia  
Syria



## Africa

Ghana  
Kenya  
Nigeria  
South Africa  
Tanzania  
Uganda  
Zambia



## Southeast Asia

Burma  
India  
Korea  
Pakistan  
Thailand

## Western Pacific

Australia  
China  
Japan  
New Zealand  
Philippines  
Vietnam



<p><b>UIC</b> Office of Student Support 1000 University Ave. Rm 1100 Durham, NC 27708 Tel: 919.286.1110 Fax: 919.286.3291</p>	<p><b>International Health Elective Scheduling Form</b></p> <p>Student's Name: _____ UIN# _____ Cell Phone # _____ Email _____</p> <p>I would like to schedule appropriate to:  <input type="checkbox"/> Schedule as self-designed elective    <input type="checkbox"/> Cannot as self-designed elective    <input type="checkbox"/> Change dates of self-designed elective  <input type="checkbox"/> Yes    <input type="checkbox"/> No    I would like this self-designed elective to satisfy my two weeks of "Selection" requirement</p> <p>Elective Title: _____ Program Number: _____          Clinical Site: _____</p> <p>Start Date: ____/____/____ End Date: ____/____/____ Elective _____ Selection _____ Total Weeks Credit: _____</p> <p><small>*SELF-DESIGNED ELECTIVES consist of your own variation of an elective from the UIC catalog of electives, an international experience that you design, or another experience that you design and get approved. A MAXIMUM OF FIVE (5) CREDIT HOURS MAY BE EARNED AT A SELF-DESIGNED ELECTIVE SITE. To receive academic credit for such an experience you must do the following at least four weeks in advance:</small></p> <p>Submit this form along with a complete description of the experience including the program, description, outcomes, activities, objectives, location, hours per week, schedule, location, supervising physician, and institution's approval. This elective description is in the UIC COM General Experience Catalog as a guide. <a href="http://catalog.uic.edu/ce">http://catalog.uic.edu/ce</a> - All hours per week is required to be week of elective credit. Obtain the signature of the supervising physician or program and submit to Jackie Furlong, ICE COM, <a href="mailto:jfurlong@uic.edu">jfurlong@uic.edu</a>. Scheduling requests - add, drop and changes - must be completed at least 4 weeks prior to the elective start date.</p> <p>Supervising physician or designer: _____ Signature _____ Date _____          COM Department Head: _____ Signature _____ Date _____  <small>An evaluation must be received in a timely manner to receive academic credit for self-designed electives. The UICMIS office should send your evaluation form to (please print legibly).</small></p> <p>Supervising Physician: _____          Hospital/Medical School: _____          Address: _____ Phone/Fax # _____          City/State/Zip: _____</p> <p><small>Important Information for Students (Please read before submitting form)</small>  <small>All applications are processed using the UIC Web for Student / Student Self-Service up until the 10<sup>th</sup> day of the following semester and the 1<sup>st</sup> day of the summer semester. After this deadline the requirements to complete paperwork necessary to register or make changes with the COM Registrar's Office (RIS COM).</small></p> <p>For course use only:          Assoc. Dean of Curriculum: _____ Signature _____ Date _____          President of UIC: _____ Signature _____ Date _____</p>	<p>Ara Tekian <a href="mailto:tekian@uic.edu">tekian@uic.edu</a></p> <p>Carole Silvers <a href="mailto:csilvers@uic.edu">csilvers@uic.edu</a></p>
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