GHP | Global Health Program

**Clinical Electives for Senior Medical Students**

**APPLICATION Checklist**

|  |  |
| --- | --- |
| **Name:** |       |

**Please check off the items below and submit this Application Checklist along with your application materials:**

[ ]  Application form (all sections complete)

[ ]  Curriculum Vitae

[ ]  Requested Recommendation from a Dean for Student Affairs

[ ]  Personal Statement (limit 1 page, font Arial 11 with 1-inch margins)

[ ]  Signed Code of Conduct/Attestation Statement

[ ]  Requested completion of the Faculty Recommendation Form from the following

 two faculty members with whom you have worked closely in a *clinical* setting:

|  |  |
| --- | --- |
| **Name of 1st faculty recommender:** |       |
| **Department:** |       |
| **Location:**  |       |
| **Email:** |       |

|  |  |
| --- | --- |
| **Name of 2nd faculty recommender:** |       |
| **Department:** |       |
| **Location:**  |       |
| **Email:** |       |

\*\* **Faculty and Dean’s recommendation forms can also be found as separate documents on the** [GHP website](https://globalhealth.med.ucla.edu/medical-students/clinical-electives/primary-partner-electives/).