

Application for Electives at University of Illinois, College of Medicine-Chicago

Date: \_\_\_\_\_

Director QEC  
Dow University of Health Sciences  
Karachi

Dear Madam,

I am a regular final year student of MBBS in DMC/ DIMC. I intend to do my electives at University of Illinois, College of Medicine-Chicago, USA. My particulars are as under:

Name: \_\_\_\_\_ Current Year: \_\_\_\_\_

Roll No: \_\_\_\_\_ Enrolment No: \_\_\_\_\_ Passport No: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email ID: \_\_\_\_\_

Phone (Res): \_\_\_\_\_ Phone (Mob): \_\_\_\_\_

Choice of Departments (in order of preference):

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Proposed Month (Primary): \_\_\_\_\_ Proposed Month (Alternative): \_\_\_\_\_

Previous Experience of Electives: YES / No if yes, provide details: \_\_\_\_\_

\_\_\_\_\_

Current Visa Status: Need to Apply/ Visa Holder/ Green Card holder/ Any other: \_\_\_\_\_

I will complete all formalities of the university where my name would be recommended.

Yours truly

\_\_\_\_\_  
(Signature)

For Office Use Only	
EL Code	
Cr .Hrs.	
GP	
CGPA	

**Documents Enclosed:**

- Copies of transcripts
- Copies of Enrolment Card & College ID Card
- Copy of Evaluation/Recommendation letters of previous electives (if applicable)