



Medical Student Exchange Program Application Process

1. Prior to applying for an International Elective, please contact the appropriate program coordinator to discuss your interest in the desired program.
2. Make sure to review all information and complete any supplemental documentation [here](#).
3. Please complete the attached application along with your essay by March 13, 2020 at 12pm to [David Barnes@Brown.edu](mailto:David_Barnes@Brown.edu). You can use one (1) form and may apply for up to 3 (three) programs of interest. The faculty signature(s) will be added on March 18, 2020. IF you are willing to go anywhere, please note this by checking the box.
4. The committee will review applications on March 18, 2020. We will notify applicants by March 20, 2020.
5. The deadline for accepting the spot in the International Exchange is April 10, 2020.
6. No changes can be made within 6 months of the elective start date. To make any changes before the 6 month deadline, you must contact Dean [Julianne Ip@Brown.edu](mailto:Julianne_Ip@Brown.edu) for permission. Records & Registration (ams-records@brown.edu) will contact you 6 months prior to your proposed rotation dates and add the Exchange to your schedule in Oasis.

Exchange Faculty Coordinators:

Brazil: University of Sao Paulo Faculty of Medicine: [Dr. Hugo Yamada](#)

China: Zhejiang University School of Medicine, Hangzhou: [Dr. Julianne Ip](#)

Germany: University Of Rostock: [Dr. Timothy Empkie](#)

Germany: University Of Tuebingen: [Dr. Gerardo Carino](#)

Ghana: Kwame Nkrumah University Of Science and Technology: [Dr. Kwame Dapaah-Afriyie](#)

Haiti: University Notre Dame D'Haiti: [Dr. Michael Koster](#)

Israel: Rappaport Faculty of Medicine, Technion: [Dr. Rami Kantor](#)

Italy: University of Bologna: [Dr. Gerardo Carino](#)

Japan: Tokyo Women's Medical University: [Dr. Taro Minami](#)

Japan: Kurume University School of Medicine: [Dr. Taro Minami](#)

Japan: Kyoto University Faculty of Medicine: [Dr. Taro Minami](#)

New Zealand: University of Otago: [Dr. Loree Killainen](#)

South Korea: Ewha Womans University: [Dr. Susan Cu-Uvin](#)

Taiwan: National Cheng Kung University School of Medicine: [Dr. James Sung](#)

NOTE: Keyna Moi (Dr. E, [Jane Carter@Brown.edu](mailto:Jane_Carter@Brown.edu)) and the Dominican Republic (Dr [Mark Fagan@Brown.edu](mailto:Mark_Fagan@Brown.edu)) and Nicaragua (Dr. [Andrew Stephen@Brown.edu](mailto:Andrew_Stephen@Brown.edu)) are arranged separately and you need to contact the faculty directly



Medical Student Exchange Program Application Form

Student Name: Class and Year:

Start Date: End Date:

By checking this box, I acknowledge that Records & Registration will drop any course(s) that conflict with this International Elective. I agree to notify Records & Registration of any changes to my International Exchange plans.

Please indicate which program you are applying to:

- Exch-7248 **Brazil:** University of Sao Paulo Faculty of Medicine
- Exch-7245 **China:** Zhejiang University
- Exch-7225 **Germany:** University of Rostock
- Exch-7240 **Germany:** University of Tuebingen
- IM-3205 **Germany:** University of Tuebingen Critical Care Course (February)
- Exch-7205 **Ghana:** Kwame Nkrumah University
- Exch-7250 **Haiti:** University Notre Dame D’Haiti
- Exch-7230 **Israel:** Rappaport Faculty of Medicine, Technion
- Exch-7200 **Italy:** University of Bologna
- Exch-7235 **Japan:** Tokyo Women's Medical University
- Exch-7260 **Japan:** Kurume University School of Medicine
- IM-3207 **Japan:** Kyoto University Faculty of Medicine
- Exch-TBA **New Zealand:** University of Otago
- Exch-7255 **South Korea:** Ewha Womans University
- Exch-7215 **Taiwan:** National Cheng Kung University
- WILL ACCEPT ANY PLACEMENT**

Students must attach a simple essay (600 word max) that contains the following components:

- The educational value of the planned international health experience
- The anticipated impact of the experience on your career path

You may wish to define your educational goals, the way in which this international experience will uniquely meet these goals, the appropriateness of the experience in relation to your education and skill levels, and the educational outcomes that can be achieved through such an experience.

Applicant Signature: Date:

I have reviewed the application and do do not recommend the applicant for this program.

Faculty Coordinator Signature: Date: