

International Exchange Program Application Process

1. Prior to applying for the International Exchange Program, please contact the appropriate program coordinator to discuss your interest in the desired program.
2. Please complete the attached application along with your essay by October 1, 2022 at 12pm to David_Barnes@Brown.edu. You can use one form and may apply for up to three programs of interest. The faculty signature(s) will be added in mid-October. IF you are willing to go anywhere, please note this by checking the appropriate box.
3. The committee will review applications in mid-October 2022. We will notify applicants within a week of the application review.
4. The deadline for accepting a spot in the International Exchange Program is December 1, 2022.
5. No changes can be made within three months of the rotation start date. To make any changes prior to the three month deadline, you must contact Susan Cu-Uvin (Susan_Uvin@brown.edu) for permission. Records & Registration (AMS-Records@brown.edu) will contact you upon receipt of your signed acceptance letter and register you for the approved International Exchange Program rotation in OASIS.

International Exchange Program Faculty Liaison:

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

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

Germany: Faculty of Medicine of the Eberhard Karls University of Tuebingen: [Dr. Gerardo Carino](#)

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

Israel: Ruth & Bruce Rappaport Faculty of Medicine, Technion - Israel Institute of Technology: [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](#)

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), the Dominican Republic (Dr. Martha_Sanchez@brown.edu), and Nicaragua (Dr. Andrew_Stephen@Brown.edu) are arranged separately and you will need to contact the faculty directly for coordination and approval.

International Exchange Program Application Form

Student Name

Class Year:

Start Date:

End Date:

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

Please indicate which program(s) you are applying to:

- ☐ **Brazil:** Exch-7248 - International Elective, University of Sao Paolo
- ☐ **Germany:** Exch-7225 - International Elective, University of Rostock
- ☐ **Germany:** Exch-7240 - - International Elective, University of Tuebingen
- ☐ **Germany:** IM-3205 - International Critical Care Course at Tuebingen (February)
- ☐ **Ghana:** Exch-7205 - International Elective, Kwame Nkrumah University
- ☐ **Israel:** Exch-7230 - International Elective, Technion-Israel Institute of Technology
- ☐ **Italy:** Exch-7200 - International Elective, University of Bologna
- ☐ **Japan:** Exch-7235 - International Elective, Tokyo Women's Medical University
- ☐ **Japan:** Exch-7260 - International Elective, Kurume University School of Medicine
- ☐ **Japan:** Exch-7249 - International Elective, Kyoto University
- ☐ **South Korea:** Exch-7255 - International Elective, EWha Womans University
- ☐ **Taiwan:** Exch-7215 - International Elective, 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: