NAME OF STUDENT: ___________________________ D/O/S/O: ___________________________

ENROLMENT #: _________________________ CLASS: __________________ CONTACT #: & EMAIL: ___________________________

Please provide the detail of attended elective(s) starting from the latest:

(1) Name of Host University/Medical School: ___________________________ Country: ____________
Type of Elective: Clinical/Research Filed of study: ___________________________
Duration: From ____________ to ____________ Elective arranged by: DUHS/STUDENT BY OWN
Name of Supervisor/Faculty: ___________________________ Position/Designation: ___________________________
email: ___________________________

(2) Name of Host University/Medical School: ___________________________ Country: ____________
Type of Elective: Clinical/Research Filed of study: ___________________________
Duration: From ____________ to ____________ Elective arranged by: DUHS/STUDENT BY OWN
Name of Supervisor/Faculty: ___________________________ Position/Designation: ___________________________
email: ___________________________

(3) Name of Host University/Medical School: ___________________________ Country: ____________
Type of Elective: Clinical/Research Filed of study: ___________________________
Duration: From ____________ to ____________ Elective arranged by: DUHS/STUDENT BY OWN
Name of Supervisor/Faculty: ___________________________ Position/Designation: ___________________________
email: ___________________________

(4) Name of Host University/Medical School: ___________________________ Country: ____________
Type of Elective: Clinical/Research Filed of study: ___________________________
Duration: From ____________ to ____________ Elective arranged by: DUHS/STUDENT BY OWN
Name of Supervisor/Faculty: ___________________________ Position/Designation: ___________________________
email: ___________________________

For Office Use Only
• Received letters of foreign faculty/coordinator: Yes/No.
• Number of reference letters received: ____________
• Signature: ___________________________
• Remarks: ___________________________