INTERNATIONAL PHASE III CREDIT REQUEST FORM
This form is required for all electives completed away from UNM.

Student Name: __________________________ ID#: ______________ Date: ______________

Student must complete each section

I. Course Information:
   Course Title: __________________________
   University/Location: __________________________
   Instructor’s Name/Department: __________________________
   Dates: __________ to __________ Overall Length: ☐ 4 weeks ☐ 8 weeks
   Credit Type:
   ☐ Clinical Elective ☐ Non-Clinical Elective
   ☐ Sub-Internship (This type requires additional paperwork.)
   ☐ Intensive Care Unit (This type requires additional paperwork.)
   ☐ Other (Please explain): __________________________

II. Course Description: A detailed course description must accompany this request.

III. Approval from the UNM Global Education Office:
   a. Complete Online Health and Safety Application
   b. Acknowledgement of the travel warning form (if needed)

   *Submit all approvals from GEO along with this form. If you have questions regarding this portion of the process, please contact the GEO at 505-277-4032

IV. Department Approval: Student must obtain UNM departmental approval before submitting request to the Office of Medical Student Affairs.

   Cristina Beato, MD Date

V. Course Change Request: If approved, this course will be added to the student’s class schedule. If the student chooses not to have this course added at approval, or if the rotation is cancelled, the student will need to complete a Course Change Request to drop it later.

   Student Signature Date

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<tr>
<th>OMSA Use Only</th>
<th>OMSA Signature: __________________________</th>
<th>Yes / No</th>
<th>Date: ______________</th>
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</thead>
<tbody>
<tr>
<td>UME Signature: __________________________</td>
<td>Yes / No</td>
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<td>CSPE Signature: __________________________</td>
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