



## 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

<b>OMSA Use Only</b>		
OMSA Signature: _____	Yes / No	Date: _____
UME Signature: _____	Yes / No	Date: _____
CSPE Signature: _____	Yes / No	Date: _____