



KUWAIT UNIVERSITY
FACULTY OF MEDICINE
MEDICAL STUDENT ELECTIVE APPLICATION FORM

Completed application to be submitted with the required documents to the Vice Dean for Academic and Student Affairs office at least 4 weeks prior to the beginning of the rotation.

Section 1: Demographics

Name: _____

Civil ID / Passport No.: _____

Date of Birth: _____ **Place of Birth:** _____

Nationality: _____

Gender: Male Female

Mailing Address: _____

Mobile No. (Kuwait, if any): _____ **Email Address:** _____

Medical School / University: _____

Year of Study: _____ **Expected Year of Graduation:** _____

Section 2: Elective Rotation request

Desired Discipline	Studied/Passed Exam*	Start Date	End Date

*Please indicate if you have studied / passed the exam in the desired discipline.

Applicant Signature: _____ **Date:** _____

NOTE:

Documents required:

1. Letter from the University showing the level and standing of the student
2. Copy of Civil id / Passport
3. English language proficiency letter, if applicable