

VCP(Visiting Clerkship Program) **Application**

Yonsei University College of Medicine

50-1 Yonsei-ro, Seodaemun-gu, Seoul,03722, Korea

Name Female( ), Male( )

 Family First Middle

Social Security Number : Birthdate : / /

 (dd) (mm) (yy)

and/or Passport Number : Nationality :

Mailing Address :

Telephone numbers : Home E-mail :

School Name :

Medical School Address

City State Country Zip/Postal Code

Telephone numbers : Fax :

**ELECTIVES DESIRED**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. |  / / | to |  / / |
| Primary request |  |  |  |
| 2. |  / / | to |  / / |
| Alternate request |  |  |  |
| 3. |  / / | to |  / / |
| Alternate request |  |  |  |

**ACADEMIC STANDING**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| The above student is in good academic standing at this school and has my approval to participate in the elective(s) |   |   |
| The student is receiveing academic credit for his/her participation in this elective |  |  |
| Expected date of graduation from medical school : / /  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of Dean(or his/her designee) |  | Title |
|  |  |  |  |
| School Address | City | State | Zip/Code |
|  |  |
| Signature of Dean (or his/her designee) |  |