|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | Full Name as in Passport |  | | | |
| 2. | Nationality |  | | Gender |  |
| 3. | Passport No |  | | | |
| 4. | Expiry Date |  | | | |
| 5. | Issued by |  | | | |
| 6. | If Malaysian, please provide IC no. |  | | | |
| 7. | Name of University |  | | | |
| 8. | University’s Address |  | | | |
| 9. | University’s Website |  | | | |
| 10. | Name of Programme |  | | | |
| 11. | Current Year of Studies |  | | | |
| 12. | **Most recent clinical experiences in your current university (please complete below)** | | | | |
| Rotation/Dept. | Dates  (from dd/mm/yy till dd/mm/yy) | Duration (no. of weeks) | | |
| 12a. |  |  |  | | |
| 12b. |  |  |  | | |
| 12c. |  |  |  | | |
| 13. | **Electives placement preferred at RUMC. We do not offer sub-speciality.**  **Min. of 3 weeks & not more than 6 weeks. Please provide all 3 choices as follows:** | | | | |
| Rotation/Dept. | Dates  (from dd/mm/yy till dd/mm/yy) | Duration (no. of weeks) | | |
| 13a. |  |  |  | | |
| 13b. |  |  |  | | |
| 13c. |  |  |  | | |

INTERNATIONAL ELECTIVES ENQUIRY FORM

*Do not make changes to this form beyond completing the necessary empty fields.*

*The completed form should be e-mailed to* [globalelectives@rcsiucd.edu.my](mailto:globalelectives@rcsiucd.edu.my)