



Albert Einstein College of Medicine

Office of the Registrar
1300 Morris Park Avenue
Belfer Building, Rm 210
Bronx, NY 10461

Phone: 718.430.2102 Fax: 718.430.4123
Einstein-MDregistrar@einsteinmed.org

International Exchange Program Request Form (MD)

A minimum of one month and maximum of two months is required to participate in any International Exchange Program. Please submit the International Exchange Program Request Form to Einstein-MDregistrar@einsteinmed.edu. Students will be notified via email if approved for an International Exchange Program shortly after the set deadline.

Registration will be completed once the student provides the Registrar’s Office with the Personalized Career Plan for External Electives Form and an official acceptance notification from the International Exchange School.

Date: _____ Banner ID: _____

Name: _____ Year of Graduation: _____

Please select which International Exchange Program you are applying to:

- School of Medicine of Ben Gurion University of the Negev in Israel
- Medical School for International Health (MSIH) at Ben Gurion University of the Negev
- Hadassah Medical School of the Hebrew University in Jerusalem
- Einstein-Paris Exchange Program of the University of Paris System
- Karolinska Institute in Sweden
- Saitama Medical School in Japan

Please submit a personal statement explaining why you are interested in the selected International Exchange Program and how you see the experience fitting into your development as a physician.

Dean of Students Signature: _____ Date: _____