

YOKOHAMA CITY UNIVERSITY

SCHOOL of MEDICINE

Clinical Clerkship Application

*Instructions*

*1. Complete Sections 1 and 2 and return ORIGINAL to: Medical Education Internationalization Section,*

*Yokohama City University, 3-9 Fukuura Kanazawa-ku, Yokohama 236-0004, JAPAN*

*2. Please type or print.*

*3. Affix school seal as indicated.*

*4. Questions? Contact us at ycumedgl@yokohama-cu.ac.jp*

**SECTION 1 (To be completed by applicant)**

NAME (last, first):

NATIONALITY GENDER

MAILING ADDRESS:

EMAIL ADDRESS:

MEDICAL SCHOOL:

YEAR IN MED SCHOOL: TOTAL LENGTH OF MEDICAL COURSE:

PREFERRED STARTING DATE (y/m/d) TOTAL NUMBER OF WEEKS

LIST ELECTIVE(S), INCLUDING ALTERNATE(S) (MAX. 6):

1st choice: 4th choice:

2nd choice: 5th choice:

3rd choice: 6th choice:

**SECTION 2 (To be completed by Dean or designated official at applicant’s school)**

The above named medical student is a **4th/5th/6th year and in good standing** at the above institution. Malpractice insurance and personal health insurance is in effect while the student is away from this school, and documentation of such is attached.

**Confirmation by school official**

NAME:

TITLE:

 AFFIX

SIGNATURE: SCHOOL

 SEAL

DATE:

SCHOOL

ADDRESS: