# Application and Requirements for 4th Year Study Away/Abroad

**Name: Class:**

**Address: Phone:**

**Study Away/Abroad Policy for 4th Year Clinical Electives**

The current policy for study away electives for fourth year medical students includes consideration of student, site and activity.

We require that:

1. The student must be in good academic standing with a strong record of success in our curriculum. It is

unlikely that a student who has failed a course at Duke will be approved for a study away.

2) The site/location must be at or sponsored by an established institution of medical education, such as:

-a university-affiliated hospital or clinic abroad, or

-a study abroad program established by Duke or at another U.S. medical school,

-a recognized education company or consortium that organizes medical education abroad.

3) The activity must be:

**-clinical in nature** (not public health, language immersion, research, etc.),

-an experience intended to **provide education** (not just service or mission work),

-supervised by physicians who would be expected to have teaching experience due to University affiliation or employment

by an organization,

-in a location that is **not flagged by the US State Department on the “do not travel”** list,

4) Clinical experiences in a U.S. government-run health facility (e.g. military hospital, Indian Health Service

hospital) for which the student's malpractice coverage would be provided by the government.

## Procedure to Follow in Applying for Study Away/Abroad Credit at Duke

1. Obtain Study Away in Fourth Year Form from the Office of Student Affairs or the SoM Registrar’s website.
2. If this Study Away will be during the period of AOA Day, permission to study away must be received from Dr. Edward Buckley before making arrangements.

2. Contact Institution regarding availability of course, dates, etc.

3. Complete application and meet with Advisory Dean regarding plan; obtain signature.

4. Obtain letter of acceptance from Institution to be visited.

5. Turn in completed application (form, signatures of Duke Department Chairman and Advisory Dean, letter of acceptance and written course description) at least one month in advance of departure date to your advisory dean or their assistant.

6. For study abroad, obtain Study Abroad Checklist from the Office of Student Affairs and complete before your departure

**Approval Process**

Study away applications are forwarded by the Advisory Dean’s Office to the Study Away Review Committee. **All study away/abroad for credit (including military rotations) must be approved in advance.** Upon approval, forms will be submitted to the Office of the Registrar from the Student Affairs Office. An email will be sent to the student from the Registrar’s Office to advise of approval status. Credit toward the Duke M.D. degree is not to exceed 4 units of clinical elective credit. All plans for study away should be discussed with your Advisory Dean. **NOTE: Some away electives require approval from Risk Management.**

**Deadlines for Completed Application**

Completed applications for study away should be submitted to your Advisory Dean, at least one month prior to the beginning date of study away. Upon approval, Student Affairs will provide a copy of the approved study away form to the Registrar’s Office.

## Evaluation of Experience Required

The Registrar’s Office will send a study away grade evaluation form to the name and address of the immediate supervisor indicated of this study away form. You should alert that supervisor at the away institution that a verification of the dates of your attendance and an evaluation of your performance is required for their completion. Credit for your study away is entered on your Duke transcript only after this evaluation is received by the Registrar’s Office. It is the student’s responsibility to make sure this evaluation has been submitted to the Registrar’s Office. All students who satisfactorily complete a term of approved study away are requested to complete the “Student Evaluation of Study Away Experience” form. This information is helpful to students considering away rotations in the future.

### DUKE UNIVERSITY SCHOOL OF MEDICINE

### APPLICATION FOR STUDY AWAY/ABROAD – 4th Year Med

**Name: Date:**

**Number of credits you wish to be awarded (4 weeks = 4 credits)**

DESCRIBE THE NATURE OF YOUR STUDY AWAY/ABROAD -- What you will be doing (indicate specialty, sub-specialty or department; name of comparable Duke elective if there is one and specify if this is a clerkship, preceptorship, project, etc.). What is the course title?

WHAT DO YOU HOPE TO GAIN FROM STUDY AWAY/ABROAD THAT YOU COULD NOT HAVE EXPERIENCED AT DUKE MEDICAL SCHOOL?

HOW DOES STUDY AWAY/ABROAD FIT IN WITH YOUR OVERALL COURSE SELECTION AND/OR CAREER PLANS?

NAME AND ADDRESS OF INSTITUTION AT WHICH YOU PLAN TO STUDY**:**

NAME, TITLE, ADDRESS, EMAIL, AND TELEPHONE NUMBER OF INDIVIDUAL AT STUDY AWAY INSTITUTION TO WHOM GRADE EVALUATION SHOULD BE SENT; NAME, TITLE, AND ADDRESS OF IMMEDIATE SUPERVISOR, IF DIFFERENT:

DATES AND DURATION OF PLANNED STUDY AWAY/ABROAD: MM/DD/YYYY

TERM BEGINS: ENDS:

**APPROVAL FROM DR. BUCKLEY TO STUDY AWAY DURING AOA DAY**

**(ONLY APPLICABLE TO SUMMER SECTION 44)**

**YES NO**

**SIGNATURES OF APPROVAL FROM DUKE:**

***Name of Advisory Dean*** ***Signature of Advisory Dean***

**Please Note:** *(Study away applicants for United States or Canadian programs must obtain the signature of the Duke Department Chair. Study abroad applicants will have their forms forwarded to the Global Health Study Away/Abroad Chair).*

***Name of Duke Department Chair*** ***Signature of Duke Department Chair***

**Global Health Study Away Committee Chair Global Health SA Committee Chair Signature**

**Please attach the letter of acceptance and course description to this form. Return completed form to the Office of Student Affairs. Your application will not be accepted until all documents are received and form is complete.**

**ACTION OF REVIEW COMMITTEE:**

**APPROVED DISAPPROVED DATE**

**Comments:**

**SIGNATURE of Associate Dean, Medical Education, Director, Student Affairs**

**Caroline Haynes, M.D., Ph.D.** **Date**