

Overseas Electives Application Form

Personnel information	
First Name:	
Last Name:	
Address (for correspondence):	
Gender:	Male / Female / Other
Date of Birth:	
Mobile No:	
Email:	
Current Nationality (as stated in the passport):	
Passport Number:	
Add Your Photo:	

University/ School/Education	
Full Name of School/University of Medicine:	
Address:	
Telephone No:	
Fax (if available):	
Name of Current Course:	
Year of Admission:	
Expected Date of Graduation:	
Dean's Letter:	Please attach the letter
Previous Higher Educational Qualifications:	

Other Declaration	
Are you studying in a country other than your own?	Yes / No
I hereby declare that I have no criminal convictions.	Yes / No
I hereby declare that the information furnished by me is accurate.	Yes / No
I understand it is my responsibility to get my passport stamped with a Sri Lankan Student Entry visa.	Yes / No
I understand that the student entry visa is valid for 4 weeks only.	Yes / No
I am willing to pay the required money for a visa extension if needed.	Yes / No
I accept that I am not eligible for a refund if I cancel my elective within 2 weeks of the elective date.	Yes / No
I accept that the processing fee of 20 USD is non-refundable.	Yes / No
I understand the refund process may take over 3 months.	Yes / No
I declare that I will bear all my expenses.	Yes / No
I will arrange my accommodation.	Yes / No
I understand that my application will not be processed if I do not respond in time to communications.	Yes / No

Elective Details	
Elective No. 01	
Duration:	
From:	
To:	
Special Areas of Interest:	
Elective No. 02	
Duration:	
From:	
To:	
Special Areas of Interest:	
Elective No. 03	
Duration:	
From:	
To:	
Special Areas of Interest:	