

THIS PROGRAM IS ONLY FOR FINAL YEAR INTERNATIONAL STUDENTS – NOT GRADUATES

ALL INFORMATION IS REQUIRED AND MUST BE PROVIDED IN **ENGLISH**
INCLUDE THIS CHECKLIST WILL ALL ITEMS CHECK, AND YOUR SIGNATURE, WITH YOUR APPLICATION. APPLICATION EMAIL:
MSRIS@MEDSCHOOL.PITT.EDU

_____ Completed application form

_____ Letter of credentials from home institution. **Letter must be on letterhead and signed by your school official or your application will be rejected.** This letter must include the following statements (or application will be rejected):

- You are currently registered and in good standing
- Statement of your professional behavior
- You will be a final-year student at the time of the requested elective
- Your home institution will award you credit for this elective
- You have passed the examinations required in your state/country (if applicable)
- Student photo is attached to the letter for verification purposes

_____ Statement of interest; 200 words or less about why you are interested in the University of Pittsburgh, School of Medicine (MSRIS) and the UPMC elective(s) in which you are applying

_____ Official academic transcript in English

_____ CV in .pdf form with your student photo

_____ Unless your medical school is located in an English-speaking country, you must provide one of the following:

- Official Duolingo report with a minimum total score of 120
- Official TOEFL score report with a minimum total score of 106
- Official OET report - minimum 350 on listening, reading and speaking sub-tests; minimum 300 in writing sub-test; all in one test administration

Scores must be within the past two years and CANNOT be password protected/encrypted (when the test was taken it required a password – save as a separate document w/o your password protection) or application will be rejected

_____ Completed AAMC immunization form signed by a health care provider

_____ Memo stating that, if accepted by MSRIS/UPMC, you will purchase a certificate of personal health insurance coverage, which includes well-care hospitalization while in the United States

_____ Memo stating that, if accepted by MSRIS/UPMC, you will purchase a certificate of medical student liability insurance coverage while participating in the UPMC elective: \$1M per occurrence/\$3M aggregate, USD or currency equivalent

_____ Step 2 Board scores (including all attempts; self-report is fine) if applying to Psychiatry elective. It is also suggested that you provide this with all other UPMC elective(s) as well

_____ Pennsylvania mandated background checks, dated within one year of the requested attendance dates. For instructions please refer to our website ([International Visiting Student Program | Medical Student Research and International Studies \(live-researchprograms-medschool-pitt.pantheonsite.io\)](https://live-researchprograms-medschool-pitt.pantheonsite.io))

- Pennsylvania State Criminal background check (completed)
- Pennsylvania State Child Abuse clearance (completed application form only)
- Pennsylvania Department of Human Services (if accepted, payment receipt will need to be provided before arrival in Pittsburgh)

You will also need to know your mask size if you are accepted for a UPMC elective, You will not be mask fitted at UPMC.

You agree, if you are accepted by MSRIS/UPMC, to register online for the Department of Human Services clearance before the start of your UPMC elective. A copy of the receipt will be sent to UPSOM/MSRIS, and the completed certificate result will be emailed to UPSOM/MSRIS when the completed certificate is received.

Please note if any of the above required documents are not sent with your initial application your application will be considered incomplete and will be rejected.

I agree.

Name

Signature

Date

INTERNATIONAL STUDENT FINAL YEAR ELECTIVE APPLICATION

Office of Medical Student Research and International Studies • 3550 Terrace Street, Alan Magee Scaife Hall, Pittsburgh, PA 15261 USA

This application must be typed (not handwritten) and returned with all required documentation as stated on the attached checklist. Failure to provide all required documents upon initial application will result in application rejection. If approved, please be advised that no elective switches/changes or date adjustments will be made for any reason. All period dates are set and special accommodations will not be made. If our dates do not line up with your school schedule than it is up to the student to work around our scheduled dates.

Applicant Name: _____

School Currently Attending: _____

Country of School: _____

Student Email: _____

Are you a US citizen: ____Yes ____No

The elective dates must adhere to the UPSOM period date calendar. **Students can apply for up to two 4-weeks electives, or 8 weeks maximum.** These experiences do not have to be consecutive or in the same department.

Please access our [Course Catalog](#) to complete the following. Search "MS-3 & MS-4" and Academic Year: 2025-2026, Course Type: Electives

First Elective Period Dates: _____

Department: _____

Course Number: _____

Course Title: _____

4 weeks ____8 weeks ____

Second Elective Period Dates: _____

Department: _____

Course Number: _____

Course Title: _____

4 weeks ____

Academic Period Dates 25-26

4/21/25 – 5/18/25

5/19/25 – 6/15/25

6/16/25 – 7/13/25

7/14/25 – 8/10/25

8/11/25 – 9/7/25

9/8/25 – 10/5/25

10/6/25 – 11/2/25

11/3/25 – 11/30/25

12/1/25 – 1/11/26 (includes 2 week holiday break in which there will be no elective engagement)

1/12/26 – 2/8/26

Be aware that period dates are set and will not be changed for any reason. If accepted, you the student, must work within our calendar. Special accommodations or exceptions will not be made for any reason.

If your application is accepted a pro-rated tuition payment will be required at that time. Should you be accepted and pay, then decide you will not attend the elective, please see our website for administrative fees that will be enforced. Please be aware that our program currently does not offer financial aid or scholarships.