



Northwestern University Feinberg School of Medicine
APPLICATION FOR THE VISITING STUDENT ELECTIVE PROGRAM
2009-2010 Academic Year

Instructions: Please fill out the form below and either mail to the address below **or** fax to Visiting Student Programs at 312-503-0715. **For your protection this document will not be accepted as an email attachment.**

Credit Card Payment (*please print clearly*)

Student's first name: _____

Student's last name: _____

Name on card: _____

Card number: _____

Card type: Visa or Mastercard Expiration date (MMYY): _____

Zip code/postal code of credit card billing address: _____

Please check all that apply:

- \$125.00 Health insurance (1 rotation) \$1000.00 Tuition (1 rotation)
 \$225.00 Health insurance (2 rotations) \$2000.00 Tuition (2 rotations)

Amount: _____

Signature: _____

Visiting Student Programs

Northwestern University Feinberg School of Medicine
Augusta Webster Office of Medical Education
303 East Chicago Avenue, Ward 1-003
Chicago, IL 60611 USA

****Payment is due 2 weeks before your start date.**