



Northwestern University Feinberg School of Medicine  
APPLICATION FOR THE VISITING STUDENT ELECTIVE PROGRAM  
2008-2009 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.

**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): \_\_\_\_\_

3 digit CVV2 code on back on card (right side): \_\_\_\_\_

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