

**OUT-OF-NETWORK ELECTIVE /
INTERNSHIP FORM**

NAME, FORENAME (in block letters) _____ STUDENT ID NUMBER _____

1st PHONE NUMBER: _____ 2nd PHONE NUMBER: _____

EMAIL: _____

WEEK _____ FROM: _____ TO: _____

TITLE: _____ ELECTIVE ID: _____
(See directory)

ESTABLISHMENT: _____

SUPERVISOR: _____

SECRETARY: _____ PHONE NUMBER: _____

EMAIL: _____ FAX: _____

OBJECTIVES: _____

Student's signature

Date

DECISIONS: accepted (A) or refused (R)			
	Signature	A/R	Date
Supervisor			
Host Institution			
Faculty Administration UdeM			

Guidelines:

This form must be sent to the secretariat of the internship setting or to the internship supervisor for approval. As soon as the form is signed by the host institution, it must be returned to the internship secretariat of UdeM's medical faculty:

Montreal Campus: fax (514) 343-6629 or externatmd@meddir.umontreal.ca
Mauricie Campus: fax (819) 378-9809 or valerie.montambault@umontreal.ca

The request will then be processed by the administration. The internship environment will receive confirmation or refusal of the internship request via the weekly update. The student will have to check his "Gestage" schedule.

- All requests must reach the Faculty at least 60 days before the start of the internship.