



KUWAIT UNIVERSITY
FACULTY OF MEDICINE
MEDICAL STUDENT ELECTIVE APPLICATION FORM

Completed application to be submitted online with the required documents to the email id Fom.Elective@hscm.ku.edu.kw **at least 4 weeks prior to the beginning of the rotation.**

Section 1: Demographics

Name: _____

Civil ID / Passport No.: _____

Date of Birth: _____ Nationality: _____

Gender: Male Female

Mobile No. (Kuwait, if any): _____ Email Address: _____

Medical School / University: _____

Year of Study: _____ Expected Year of Graduation: _____

Start Date of Clinical Year: ____ / ____ / ____

Section 2: Elective Rotation request

S.No.	Desired Discipline	Hospital	Start Date	End Date
1				
2				

Note: Once submitted, no changes are acceptable on the Elective Form.

Applicant Signature: _____ Date: _____

NOTE:

Documents required:

1. Letter from the University showing the level and standing of the student
2. Copy of Civil id / Passport
3. English language proficiency letter, if applicable

* Effective from July 04, 2022