



**INTERNATIONAL CLINICAL OBSERVER APPLICATION FORM**

**University of Illinois Information/Contact Information**

1. **UIC Sponsoring Department:**
2. **UIC Sponsor Name:**
3. **UIC Sponsor Phone Number:**

**International Observer Information**

1. **Applicant Name:**
2. **Institution and Country of Origin:**
3. **Educational Level:** Circle one:      Medical Student      Resident or Faculty Physician  
If other, please specify:
4. **Applicant Phone Contact:**
5. **Observership Start Date:**
6. **Observership End Date:**

**Specific Activity (Activities) and/or Goals and Objectives while observing UIC Programs:**

**Required Attachments to this application include:**

1. Copy of Photo ID (Passport) and current US Visa
2. CV/Resume
3. Letter or support from applicant institution

Signature of UIC Sponsor:

Date:

Signature of UIC Sponsor Dept. Head:

Date:

Signature of Director, Center for Global Health:  
Timothy Erickson, MD  
**(Required Only for Resident or Faculty Physician)**

Date:

Signature of Associate Dean, International Affairs:  
Ara Tekian  
**(Required Only for Medical Students)**

Date: