



**MedStar Georgetown
University Hospital**

Please email your completed application to: international@gunet.georgetown.edu

International Observership Program Application for Medical Students

Name: _____

Date of Birth: _____

Gender: _____

Country of Residency: _____

Email Address: _____

Phone Number: _____

Preferred Host Physician (if you have one): : _____

Preferred Host Department: _____

Preferred Start Date: _____

Medical School: _____

I confirm that my home institution approves my participation in the Observership.

Medical School Supervisor Name (if applicable): _____

Medical School Supervisor Signature (if applicable): _____

Emergency Contact Name: _____

Emergency Contact Email: _____

Emergency Contact Phone Number: _____

Plan for Housing During Observership (please include address, if available): _____

Source of Funding for Observership (Please be specific, e.g. hospital, personal): _____

Signature: _____ Date: _____