

*University of Central Florida College of Medicine  
International Experiences Approval Form*

Student Name:	
Current Class (M1, M2, etc.):	
Dates of Travel	

Charity/Organization Name	
Supervisor	
International Site Contact Information (Local address, name and phone number of local contact person, language spoken)	

Emergency Contact Information (U.S.)	
Name:	Relationship:
Phone number(1):	Phone number(2):
Address:	
Alternative Emergency Contact	
Name:	Relationship:
Phone number:	Email:

Documents Required (Attached)	Dr. Simms-Cendan's Initials
Waiver of Liability (signed)	
Proof of Insurance (must have emergency evacuation and repatriation of remains)	
Travel Itinerary	
Passport and VISA Copy	
AAMC Care for International Patients Guidelines Read and Initialed	