

# SENIOR MISSION ELECTIVE

## LOMA LINDA UNIVERSITY

### SCHOOL OF MEDICINE

To:  
From:  
Date:  
Subject: Mission Elective Report

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When submitting your mission elective report, please use the following format:

Name  
Class  
Site (hospital/clinic name)  
Location (town/country)  
Dates of service

1. Medical Facility
  - a. Description
  - b. Advice for future students
2. Medical Exposure
  - a. Description
  - b. Advice for future students
3. Mission Experience
  - a. Recommendations
  - b. Faculty and administration
  - c. Personal reflections
4. Logistical Information
  - a. Accommodations – food, lodging, internet access, phone, laundry, etc.
  - b. Clothing
  - c. Finances – suggested amount of money
5. Miscellaneous other information:
  - a. Pictures
  - b. Updated contact information (names, numbers, emails) for site staff
  - c. Anything else that would help better serve the students or would help the students better prepare to serve overseas