

Student Exchange Program

APPLICATION FORM

| Personal Information | | | | |
|--|-------------|---|-------------|-----------------------|
| Family name | | First name | | Photo (W3 x H4 cm) |
| Name in Chinese Characters (if any) | | Sex | F M | |
| Date of birth (d/m/y) | ___/___/___ | Nationality | | |
| Mother tongue/s | | Other language(s) | | |
| Passport number | | Valid until (d/m/y) | | |
| Phone | | Mobile phone | | |
| E-mail (PC) | | | | |
| Home address | | | | |
| Country | | | | |
| Medical school | | | | |
| Year of study (at the time of elective) | | Years of experience of clinical training | | |
| Period of the exchange program and desired departments | | | | |
| (Each rotation is 2 or 4 weeks) | | | | |
| Exchange start date (d/m/y) | | | | |
| Exchange end date (d/m/y) | | | | |
| Desired departments | Department | Period (2 weeks or 4 weeks) | | |
| 1 st choice | | | | |
| 2 nd choice | | | | |
| 3 rd choice | | | | |
| 4 th choice | | | | |
| Any requests/comments | | | | |
| Emergency contact information | | | | |
| Family name | | First name | | |
| Sex | | Date of birth(d/m/y) | ___/___/___ | |
| Relation | | Phone | | |

Signature
Date