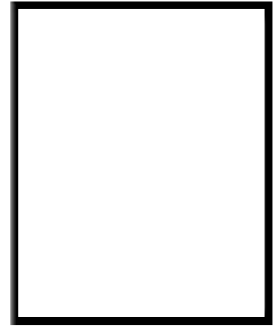


## Application for Admission Short term exchange program at



### 1. Personal data

Family Name:			
Given name:			
Date of birth:		Sex: <input type="checkbox"/> male <input type="checkbox"/> female	
Passport number:		valid till:	
Nationality:			
Current Address:			
E-Mail:		Phone:	
Languages Spoken:			
Name and Place of Home Institution/Medical School			
Emergency contact person and phone number:			

### 2. Information about your planned stay at FMB

I would like to come to	
<input type="checkbox"/> <b>a Clinical Elective</b> (for students)	
<input type="checkbox"/> <b>others</b> (define)	

Desired department:
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**3. Desired duration period:**

Internship Period	from: (day / month / year)	to: (day / month / year)
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**4. Academic Background:**

Name of school currently attending:		
Address:		
Course duration:	Year of study at time of proposed elective:	
Major:		

I understand that I am responsible for obtaining my own visa and other necessary travel documents, immunizations, and other requirements as stipulated by the governments of the country of my travel.

I certify that the foregoing information is correct as stated. I will give immediate notice of any changes or amendments to the above given data.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature