 CHUNG SHAN MEDICAL UNIVERSITY

Exchange Program of Medical University of Vienna

**APPLICATION FORM**

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| ***Personal Information*** |
| Family name |  | First name |  | **Photo** |
| Chinese name(if any) |  | Sex |  |
| Date of birth (d/m/y) |  / /  | Nationality |  |
| Passport number |  | Valid until(d/m/y) |  / /  |
| Phone |  | Cellular |  |
| Email |  | Street & number |  |
| City & postcode |  | Region & country |  |
| ***Medicine Related Information*** |
| Medical school |  |
| Medical student since |  | Clinical student since |  |
| Expected day of graduation(d/m/y) |  | Other languages spoken |  |
| Native Language |  |
| ***Exchange Preferences*** |
| 1st desired department |  ( Field Studied **□** Yes **□** No ) |
| 2nd desired department |  ( Field Studied **□** Yes **□** No ) |
| 3rd desired department |  ( Field Studied **□** Yes **□** No ) |
| 4th desired department |  ( Field Studied **□** Yes **□** No ) |
| ***Details of Exchange*** |
| Duration ( in weeks) |  (From / / to / / ) (d/m/y) |
| Exchange start date(d/m/y) |  / /  | Exchange end date(d/m/y) |  / /  |
| Student has insurance that coverage for the Exchange period ? | **□** Yes**□** No |

**■ Required Documents：**

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| □ Application Form | □ Autobiography and Motivation |
| □ Certificate of Insurance | □ One copy of the passport |
| □ 1-inch recent photos | □ agreement of parents |
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