 CHUNG SHAN MEDICAL UNIVERSITY

Exchange Program of Medical University of Vienna

**APPLICATION FORM**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***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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