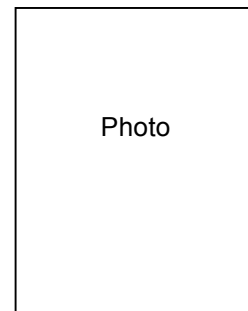




同濟大學  
TONGJI UNIVERSITY



## Application for Admission Short term exchange program at Tongji University School of Medicine

### INSTRUCTIONS

1. The applicant must be enrolled in the medical school, which has a current program agreement with TUSM.
2. Application without a recent photo will not be considered.
3. This form must be sent to the home institute supervisor, who will forward it to the appropriate contact at TUSM.
4. Please fill in the form on your computer or use capitals.  
Please checkmark fields like this:

### 1. Personal data

Family Name:	.....		
Given name:	.....		
Date of birth:	dd.mm.yyyy	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 Tongji University School of Medicine

I would like to come to Tongji University School of Medicine

<input type="checkbox"/> a Clinical Elective (for students)	
<input type="checkbox"/> others (define)	

**Desired department:**

1. ....	2. ....	3. ....
---------	---------	---------

**3. Desired duration period:**

Internship Period	from: dd.mm.yyyy (day / month / year)	to: dd.mm.yyyy (day / month / year)
Desired Dorm Reservation Period	From: dd.mm.yyyy (day / month / year)	To: dd.mm.yyyy (day / month / year)

**4. Academic Background:**

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

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 and/or China.  
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