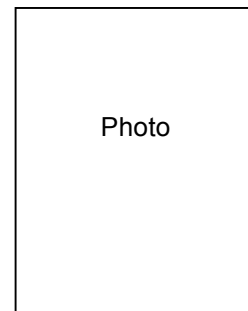




同濟大學
TONGJI UNIVERSITY



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

INSTRUCTIONS

Please fill in the form on your computer or use capitals.
Please checkmark fields like this:
Please attach your proof of insurance or state that you have obtained proper insurance coverage for your entire stay in China.

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 Tongji University School of Medicine

I would like to come to Tongji University School of Medicine

a Clinical Elective (for students)	
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Desired department:

1.	2.	3.
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3. Desired duration period:

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

4. Academic Background:

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

5. Enclosures

<p>The following documents have to be attached:</p> <p><input type="checkbox"/> Proof of health and accident insurance coverage for the period spent at Tongji University School of Medicine</p> <p><i>Note: Your application can only be considered if all required documents are attached!</i></p>

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 understand that I am responsible for obtaining suitable health insurance for the entire duration of stay and that it is my own responsibility to ensure proper insurance coverage.
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