**PUMCH International Students Exchange Program**

**Application Form**

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| Personal Information |
| Family name(as written in passport) |  |
| First name(as written in passport) |  |
| Sex |  |
| Date of birth(dd/mm/yyyy) |  |
| Nationality |  |
| Language spoken(native, excellent, good or fair) |  |
| Passport number |  |
| Passport valid till(dd/mm/yyyy) |  |
| Enrollment Information |
| Medical School |  |
| Medical student since |  |
| Clinical student since |  |
| Expected day of graduation |  |
| Mailing and Electronic Information |
| Street &Number |  |
| City |  |
| Post Code |  |
| Country |  |
| Home Phone Number |  |
| Cellular Number |  |
| Email |  |
| Alternative Email |  |
| Exchange Preferences |
| 1st Desired Department |  |
| 2nd Desired Department |  |
| 3rd Desired Department |  |
| 4th Desired Department |  |
| Exchange Details |
| Exchange Start Date(dd/mm/yyyy) |  |
| Exchange End Date(dd/mm/yyyy) |  |
| Do you need an official invitation letter?(for visa or other purpose) |  |
| Will you have insurance coveragefor the exchange period? |  |
| Would like to be placed togetherwith this student |  |
| Student Remarks |
| Space for notes/messages to elective officer |  |