

APPLICATION FORM

**Clinical Electives Program  
for International Students  
with the Faculty of Medicine**

<b>STUDENT'S PERSONAL INFORMATION</b>		
<b>Name (as it appears on your passport): *</b>	<b>First Name</b>	<b>Last Name</b>
<b>Nationality:*</b>		
<b>Date of Birth: (Day/Month/Year)*</b>		
<b>Place of Birth:*</b>		
<b>Citizenship:*</b>		
<b>Passport Number: *</b>		
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Exact Mailing Address:*</b>		
<b>Phone Number:*</b>		
<b>E-mail:</b>		
<b>Emergency Contact :</b>		
<b>When do you wish to attend? (include month and year) *</b>		
<b>University / Institution*</b>		

\*This field is required.

**ATTACHMENTS:**

1. Copy of student's current transcript
2. Curriculum vitae (CV) -