

APPLICATION FORM FOR EXCHANGE STUDENTS

Personal Information				
Name		Gender		ID Photo
Date of Birth (MM-DD-YY)		Weight		
Passport No.		Height		
Nationality		Religion		
Email		Marital status		
School				
Language	Native Language:			
	Foreign Language:			
	Mandarin: <input type="checkbox"/> Non-user <input type="checkbox"/> Limited proficiency <input type="checkbox"/> Fluent <input type="checkbox"/> Native			
Mailing Address		Emergency Contact		
Education Background				
Dates (year-month)		Institution		Degree/ Area of specialization
	to			
	to			
Professional Training				
Dates (year-month)		Institution		Specialty
	to			
	to			
Exchange Information				
Preferred Specialties (Please note that up to 4 departments can be chosen. If it is Surgery or Internal Medicine, the desired subspecialty shall be informed. Also, please note the placement of your clerkship will be arranged in one hospital.				
Dates (year-month-day)		Specialty		Hospital of preference
	to			
	to			
	to			
	to			
Expectations of the Exchange / Learning Objective (including expectation for cultural immersion and clinical experience)				
Signature:			Date:	