



**International Academy of Life Sciences  
Biomedical Sciences Exchange Program**

*A recent photograph  
(passport style)  
should be inserted  
here*

Name \_\_\_\_\_  
(family name in capital) (first names)

Present mailing address (where correspondence should be sent)

\_\_\_\_\_  
(street address) (postal code, city)

\_\_\_\_\_  
(phone number) (fax, e-mail etc.)

Name and address of relatives who should be informed in case of emergency

\_\_\_\_\_  
\_\_\_\_\_

University address \_\_\_\_\_  
\_\_\_\_\_

Date and place of birth \_\_\_\_\_

Citizenship \_\_\_\_\_

Marital status \_\_\_\_\_

**Education**

Gymnasium/High School \_\_\_\_\_

College \_\_\_\_\_

University (date of entry) \_\_\_\_\_

**Examinations**

College/Physikum (date and results) \_\_\_\_\_

First examination (date and results) \_\_\_\_\_

Second examination (date and results) \_\_\_\_\_

(if not yet taken, please indicate expected date)

I am student of the following discipline:

- |                                       |                                  |   |                                    |
|---------------------------------------|----------------------------------|---|------------------------------------|
| <input type="radio"/> Medicine        | <input type="radio"/> Biology    | <input type="radio"/> Information Science | <input type="radio"/> Other: _____ |
| <input type="radio"/> Health Sciences | <input type="radio"/> Biophysics | <input type="radio"/> History of Medicine |                                    |

Indicate disciplines to which you wish to be attached, specify area of special interest:

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|--|--|--|
| <input type="radio"/> Anatomy              | <input type="radio"/> Immunology             | <input type="radio"/> Predictive Medicine            |
| <input type="radio"/> Bioengineering       | <input type="radio"/> Medical Informatics    | <input type="radio"/> Psychology                     |
| <input type="radio"/> Biochemistry         | <input type="radio"/> Medical Psychology     | <input type="radio"/> Physiology                     |
| <input type="radio"/> Bioethics            | <input type="radio"/> Molecular Biology      | <input type="radio"/> Public Health                  |
| <input type="radio"/> Computer in Medicine | <input type="radio"/> Neurosciences          | <input type="radio"/> Radiology/Neuroradiology       |
| <input type="radio"/> ENT                  | <input type="radio"/> Obstetrics/Gynaecology | <input type="radio"/> Risk Assessment                |
| <input type="radio"/> Health Economics     | <input type="radio"/> Ophthalmology          | <input type="radio"/> Social and Preventive Medicine |
| <input type="radio"/> History of Medicine  | <input type="radio"/> Pathology              | <input type="radio"/> Sports Medicine                |
| <input type="radio"/> Internal Medicine    | <input type="radio"/> Pediatrics             | <input type="radio"/> Surgery                        |
| <input type="radio"/> Other: _____         |  |  |

Indicate whether you wish to undertake principally laboratory or clinical work

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Previous experiences and activities

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Subject of Doctoral Thesis work

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Extracurricular activities, interests and hobbies

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Is there a particular tutor or research group you intend to join? (If so, please specify)

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Is accomodation required? If so, please specify below:

for single male \_\_\_\_\_ for single female \_\_\_\_\_ for married couple \_\_\_\_\_

Financial arrangements:

Travel \_\_\_\_\_

Housing \_\_\_\_\_

Health insurance \_\_\_\_\_

Other financial support \_\_\_\_\_

Does your medical school require a report on your elective studies? \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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*This section is to be completed by the Deans Office /  
The local Representative of the Exchange Program*

I certify that the above applicant is in good standing with this university/institution and I support without reservation the above applicant.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
\_\_\_\_\_