



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:

- | | | |
|--|--|--|
| <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

Previous experiences and activities

Subject of Doctoral Thesis work

Extracurricular activities, interests and hobbies

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

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: _____

*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: _____