

PHOTO	<b>INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS</b> <b>STANDING COMMITTEE ON RESEARCH EXCHANGE</b> <b>APPLICATION FORM</b>	 <b>IFMSA</b>	
		Application issued by: _____	
Family name	_____	<b>STAMP NO SIGNATURE</b>	
First name	_____		
Nationality	_____		
Passport number	_____		Expiry date _____ / _____ / _____
Date of birth	_____ / _____ / _____		Sex <input type="checkbox"/> male <input type="checkbox"/> female
Medical student since/ Pre-Med student since	_____		Clinical student since _____
Medical school, Country of study	_____		

**Student's address:**

Street	_____		
City	_____	Postal code	_____
Country	_____		
Phone	country code _____ area code _____ number _____	Mobile phone	country code _____ area code _____ number _____
E-mail	Fax _____ country code _____ area code _____ number _____		

**Languages spoken**

**Desired country**

native language       other languages  
**(Please try to complete all three choices)**

1<sup>st</sup> choice    Project name \_\_\_\_\_

Department \_\_\_\_\_ City \_\_\_\_\_

# of weeks \_\_\_\_\_ from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ till \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2<sup>nd</sup> choice    Project name \_\_\_\_\_

Department \_\_\_\_\_ City \_\_\_\_\_

# of weeks \_\_\_\_\_ from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ till \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3<sup>rd</sup> choice    Project name \_\_\_\_\_

Department \_\_\_\_\_ City \_\_\_\_\_

# of weeks \_\_\_\_\_ from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ till \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I need an invitation letter (for visa or other purposes)  yes  no

**I will obtain insurance coverage for the Research Exchange period. Otherwise my exchange will be cancelled.**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

This application form must be accompanied by all the documents stated in the SCORE database.



