**Application Form**

**Wroclaw-Dresden student exchange program**

**Die Medizinische Fakultät Carl Gustav Carus**

**Universitätsklinikum Carl Gustav Carus**

**1-31. August, 2018**

Please complete the application form below (**all items are compulsory**) in order to apply for placements and send via email roksana.struzik-galwa@umed.wroc.pl by **3rd, June 2018**.

|  |  |
| --- | --- |
| **Name of student:**(first and last name) |  |
| **Telephone:** |  |
| **Email:** |  |
| **Faculty:****Year** **Field of study:** |  |
| **Requested Department\*:** | **1st choice:****2nd choice:****3rd choice:** |
| **GPA:** |  |
|  |  |

\* please specify 3 preferred specialties:

(i.e. 1st choice: pediatrics, 2nd choice: internal medicine, etc. If you would like to undergo 2 weeks in pediatrics and 2 weeks in internal medicine please indicate it as follows: 1st choice: pediatrics + internal medicine)

Thank you for your application. Successful applicants will be contacted by email till 11.06.2018