

APPLICATION FORM
for Clinical Electives
National Cheng Kung University
College of Medicine, School of Medicine

Photo

| | | | |
|--------------------------|--------------------|--------------|-----------------------|
| Name | (same as passport) | Chinese Name | (if available) |
| School Name | | | |
| Passport number | | Birthday | (yyyy/mm/dd) |
| Email | | Tel No. | |
| Permanent Home Address | | | |
| Emergency Contact Person | | Relationship | (mother/father/other) |
| Emergency Contact No. | | Contry | |

Modules (Clinical clerkships or equivalent) which will be completed at the student's school before taking the electives:

| | |
|---|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

Present status at school: ____-year student of ____-year program in the Department of _____
(ex. 5th year student of 6 year program in the Department of Medicine)

The department of your choice:

| Department (sub-department, please specify if applicable) | | Weeks |
|---|--|-------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

Total period: _____ weeks, from _____ to _____

Language ability:

| | | | |
|-------------|------------------------------------|-------------------------------|-------------------------------|
| English | <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Chinese | <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Other _____ | <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

- Students need to provide: a CV, transcript, recommendation letter from school, statement of purpose, passport copy, and photo file.
- The application form must be submitted **six months** prior to the exchange period.
- Students need to provide English vaccination and immunization proof **one month** prior to entering NCKU hospital.

Signature: _____ **Date of Application:** _____ (yyyy/mm/dd)