

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.
- Please email the above required documents, application form to z10912010@email.ncku.edu.tw.

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