|  |
| --- |
| **APPLICATION FORM** **TOKYO MEDICAL UNIVERSITY CLINICAL ROTATION** |
|  |  |  |
| **Personal Details** |  |  |
| Name: |  |  |
| Birth place, date (mm/dd/yyyy): |  |  |
| Email: |  |  |
| Mobile: |  |  |
| ID-number, expire date: |  |  |
| Address of correspondence: |  |  |
|  |  |  |
| **Credit transcript (copy to be attached):** Average of weighed average marks: (to be calculated by the student): |  |  |
| **Scientific work practice and competitions** (Certificates, prizes to be numbered and copies attached) where, when: |  |  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
|  |  |  |
| **Other activities in the field of health sciences: what, where, when?**(eg: nursing, ambulance – copies of certificates or contracts to be attached) |  |  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4.  |  |  |
|  |  |  |
| **Extracurricular activities:** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| I, the undersigned, hereby consent for Semmelweis University to record and process my voluntarily provided data by Act CXII of 2011 on the Right of Informational Self-Determination and Freedom of Information. Personal data will be processed solely to complete the application process. After applying, the data will be made available to Semmelweis University and the Directorate of International Relations. Application documents may only be viewed and examined by persons involved in the selection process for the student/teacher exchange programme. |
| Date:…………………………………..  | Signature:……………………………….. |
|  |  |