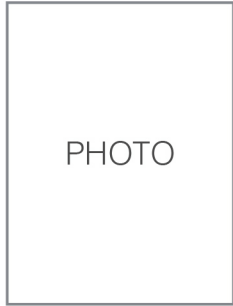


APPLICATION FOR EXCHANGE



1. Information about participant

Name: _____

Date of birth: _____

Passport number: _____

Date of passport expiry: _____

Address _____

Nationality: _____ **Sex:** M/F

Telephone: _____ **E-mail:** _____

Medical school _____

Year of study: _____ **Languages spoken:** _____

2. Information about exchange

Type exchange: _____

Country _____ **City** _____

Department _____

Dates for exchange: ___d/___m/____y to ___d/___m/____y

_____ weeks, in _____(month) _____(year)

Remarks: _____

Applicant's signature

Date: ___d/___m/____y