**Medical School**

**International Exchange Programs**

**2014 summer**

**Application form**

Name:……………………………………………………………….Password:….…………………………………………………………………….

Year:……………………………………………………………………………………………………………………………………………………………

EHA code:…………………………………………………………………………………………………………………………………………………..

Address:……………………………………………………………………………………………………………………………………………………..

Mobile phone:……………………………………………………………………..

E-mail address:…………………………………………………………………….

The averages of the last 4 semesters (weighted average and credit index):…..……………………………………………

Language knowledge (level):..…………………………………………………………………………………………………………………….

Time of the planned summer practice: .............………………………………………………………………………………………….

Name of the planned summer practice:

I………………………………………………………………………………………………………………….

II…………………………………………………………………………………………………………………

III………………………………………………………………………………………………………………..

Preferable countries:

I………………………………………………………………………………………………………………….

II…………………………………………………………………………………………………………………

III………………………………………………………………………………………………………………..

Please attach the following documents:

* proof of German or English knowledge (copy)
* motivation letter in English
* copy of the grade book (last 4 semesters)
* and other certificates, documents (research program, publications, etc.)

Applications must be handed in to the International Relations Office (1st floor, to the right of the Mosaic), to Tomózer Anett. [nkb@aok.pte.hu](mailto:nkb@aok.pte.hu) Tel.: 72/536-358

**Deadline: 18th February, 2014 (Tuesday) 12.00**

**Language test: You can get information about it in the office or by e-mail.**