School of Medicine

Walailak

University

**APPLICATION FORM FOR MEDICAL ELECTIVE**

**Part 1: Personal information**

1.1 First name (Mr/Mrs/Ms): ……………….………………………………… Surname: ………..………………………………………….

1.2 Birth date (DD/MM/YYYY)……………………………………………………… Age: …………………………… Sex: M / F

1.3 Country of birth: ………………………… Nationality: ………………………… ID/Passport No.: ………………..……..………

1.4 Home address (in full): …………………………………………………..………………………..……………………………………………… …………………………………………………………………………………..………………………….. Post code: ………..……………………………

1.5 Tel no.: ………………………..… Mobile no.: ………………..…………. Email address: …………………………..………………..

**Part 2: Education**

2.1 Medical education center for clinical training: ………………………………………………………………………………………

2.2 Medical education center address: …………………………………………………………………………………………………………

2.3 Current year of study: …….……………………………....

2.4 Preclinical GPA (1st-3rd year) …………………………………… Fundamental English grade ………………………………..

(Please attach document of your study results)

2.5 Language (Excellent, Good, Fair, Poor)

|  |  |  |  |
| --- | --- | --- | --- |
| Language | Listening | Speaking | Writing |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

2.6 Do you have the English qualifications/test certificates?

🗆 Yes

🗆 No

If you answer “yes”, please provide your certificates

🗆 CU-TEP: Testing date…………………………………..….. Score………………………………..

🗆 PSU-TEP: Testing date…………………………………..….. Score………………………………..

🗆 TOEFL (iBT/ITP): Testing date…………………………………..….. Score………………………………..

🗆 IELTS: Testing date…………………………………..….. Score………………………………..

2.7 Academic or extracurricular activities

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

2.8 Honors or Awards received

|  |  |  |
| --- | --- | --- |
| Name of award | Year | Issuing institution |
|  |  |  |
|  |  |  |
|  |  |  |

2.9 Hobbies or other interests

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Part 3: Elective information**

3.1 Proposed period of elective:

Date: from .....................................…............ to ………………..……………………..(Please attach your study schedule)

3.2 Clinical year subjects completed prior to proposed elective period: …………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………………….

3.3 Institute for elective: 🗆 Toho University, Japan 🗆 Kunming Medical University

🗆 Others……………………………………………….

3.4 Preferred field for elective (NOTE: Only one 2-week elective at the partner institution is permitted.)

Preferred field: ……………………………………………..………………………………

Alternative field 1: ……………………………………………..………………………..

Alternative field 2: ……………………………………………..……………………….

3.5 \*If you have made an informal agreement with a clinical staff at the elective institute, please provide the detail:

Supervisor’s name: ……………………………...……………………………………………………………….………………………

Speciality and institute: ………………………………………………………………………………………………………..……...

Tel/mobile number: …………………..……………… Email address: …………………………………………………………

**Part 4: References**

4.1 Advisor/supervisor’s name……………………………………………………….……………Relationship……………………………

4.2 Tel/mobile number: ………………..………..……………… Email address: …………………………………………………………

I hereby certify that all the statements made in this application for employment are true and correct.

Applicant’s signature..........................................................

 Date............../........................../............................