**Application Form**

**Carilion Clinic & Wroclaw Medical University**

**student exchange program**

**Virginia Tech Carilion School of Medicine, Roanoke (USA)**

Please complete the form below (**all items are compulsory**) and submit your application (with other [enclosures requested](https://context.reverso.net/tłumaczenie/angielski-polski/enclosures+requested)*)* in person at International Relations Office by the latest **26th, February 2019**.

|  |  |
| --- | --- |
| **Name of student:**  (first and last name) |  |
| **Telephone:** |  |
| **Email:** |  |
| **Faculty:**  **Year:**  **Course of study:** |  |
| **Requested Department[[1]](#footnote-1):** | **1st choice:**  **2nd choice:**  **3rd choice:** |
| **Requested dates for 4 weeks of rotations[[2]](#footnote-2):** |  |
| **GPA:** |  |
|  |  |

Thank you for your application.

Successful applicants will be contacted after 1st of March 2019.

1. please specify 3 preferred specialties:

   (i.e. 1st choice: pediatrics, 2nd choice: internal medicine, etc. If you would like to undergo 2 weeks in pediatrics and 2 weeks in internal medicine please indicate it as follows: 1st choice: pediatrics + internal medicine) [↑](#footnote-ref-1)
2. We do recommend that you state your 1st and 2nd options for dates between August 5th-September 27th. please Be informed that the final date for rotations will depend on the availability of the preceptors and capacity in chosen by you department. [↑](#footnote-ref-2)