



Application for Admission

Short term exchange program at the Medical University of Graz

The completed application and all accompanying documents have to be submitted at

International Office
Medical University of Graz
Harrachgasse 21/4
8010 Graz
Austria

petra.papst@medunigraz.at

Please fill in the form on your computer or use capitals.
Please checkmark fields like this:

Photo

1. Personal data

Family Name:	.....	
Given name:	.....	
Title:	.....	
Date of birth:	dd.mm.yyyy	Sex:	<input type="checkbox"/> male <input type="checkbox"/> female
Passport number:	.....	valid till:	.....
Nationality:	.....	
Marital Status	<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed		
Current Address:	.....	
E-Mail:	.....	Phone:	.....
Languages Spoken:	.....	
Name and Place of Home Institution/Medical School	.....	
Emergency contact person and phone number:			

For Clinical Elective Students only:

Current year of studies (Please mark): year 3 / 4 / 5 / 6

Length of Medical Studies at your School (Please mark): 4 / 5 / 6 years

Expected date of graduation:

2. Information about your planned stay at the Medical University of Graz

I would like to come to the Medical University of Graz to do

a **Clinical Elective** (for students)

others (define)

Notice: You are not allowed to treat patients or assist in patient treatment.

Desired department:	Contact person at the Medical University of Graz (in case you already have a potential supervisor):	For clinical electives: Exam passed? (Enclose proof)
1.
2.

3. Desired duration period:

Duration in week(s):	.....
within the period:	from: dd.mm.yyyy (day / month / year)	to: dd.mm.yyyy (day / month / year)

4. Health Insurance and Immunization

You MUST provide health and accident insurance (travel insurance) covering at least the period of your stay at the Medical University of Graz (in order to carry out research activity) and a minimum coverage of EUR 30.000.-. You have to provide written proof of health and accident insurance to the Medical University of Graz.

I have Hepatitis A+B immunisation. Yes No

With my signature on this form I declare that I do not suffer from any infectious diseases. Yes No

5. Financial support

The Medical University of Graz neither offers salary nor grants to Guest Scientists/Guest Students.

I get financial support/a scholarship by _____ in amount of _____

6. Enclosures

The following documents have to be attached:

- CV with personal and educational data
- Proof of health and accident insurance coverage for the period spent at Medical University Graz for research activity covering at least 30.000€
- Proof of immunization/vaccination; Antibody titer not older than 3 months (Measles, Mumps, Rubella, Varicella, Hepatitis B)
- Copy of Passport (page stating name, photo and date of birth)

Note: Your application can only be considered if all required documents are attached!

I herewith declare my irrevocable agreement to the usage of pictures taken during events hosted by the International Relations and Postgraduate Education Department (Welcome Day, city tour, Intercultural Get Together and others). The pictures may be modified for teaching and research purposes in different systems and platforms (IMS examination management system, Virtual Medical Campus, homepage, social networks and others).

I can withdraw this declaration anytime by letter or email (international.office@medunigraz.at). This withdrawal applies only for future publications.

I understand that I am responsible for obtaining my own visa and other necessary travel documents, immunizations, and other requirements as stipulated by the governments of the country of my travel and/or Austria. I will sign an agreement stating the terms and conditions of my stay at the Medical University of Graz upon arrival. I understand that all travelling, living and housing expenses are the responsibility of the Guest Scientist/Guest Students and/or the sponsoring institution or government agency.

I certify that the foregoing information is correct as stated. I will give immediate notice of any changes or amendments to the above given data.

Date

Applicant's signature