

APPLICATION FORM

ERASMUS+ FOR TRAINEESHIP – FACULTY OF MEDICINE

(ONLY FOR MEDICINE STUDENTS)

1. Personal information

Name		Surname	
ID/Passport		Field of studies	
Home University			
Country		Email	

2. Placement to take at UAM

Please fill in the table below. You have to indicate where and when you want to rotate

Clinical Ward	Hospital	Start date (dd/mm/yy)	Ending date (dd/mm/yy)

In case It is not possible to rotate in one of the wards above, please indicate other options in preference order:

Pref. Order	Clinical Ward	Hospital	Start date (dd/mm/yy)	Ending date (dd/mm/yy)
1				
2				
3				
4				

Date

Signature