

Application for Visiting Student Clerkship

Nagoya University School of Medicine

1.

_____ Date: _____

(Last Name, First, Middle)

2.

(Name of Student's Medical School)

3. Complete current mailing address, phone number and email (if available):

_____ Phone: _____

4. Check as appropriate:

_____ I am now a senior medical student (final year)

_____ I will be a senior medical student at the time of the clerkship

_____ I am already doing clinical clerkship in own school

5. Department in which you wish to study at Nagoya University School of Medicine

a) _____: _____ weeks

b) _____: _____ weeks

c) _____: _____ weeks

d) _____: _____ weeks

7. Period during which you wish to study: day/mon/year

_____ to _____

(Arrival Date to Last Clerkship Day)

Number of weeks: _____

Completed application should be sent, along with processing fee and other necessary documents to:

International Affair Office

Nagoya University School of Medicine

65 Tsurumai-chi, Showa-ku

Nagoya, Aichi 466-8550

JAPAN