

APPLICATION FORM

for a Clinical or Research Elective



Personal information

Family name	
First name(s)	
Gender	Male Female Other
Date of birth	
Place of birth	
Nationality (as listed in your passport)	
Visa necessary? https://www.eur.nl/en/education/practical-matters/immigration/visa-or-residence-permit	Yes No
Address (Street, number, apartment nr.)	
Address (Postal code and city)	
Private e-mail address	
Student e-mail address	
Mobile phone number	
Mother tongue	
Other languages	

Academic background

Name of home institution	
City and country	
Education (medical or other)	
Language of instruction at home school	
Your current year of study	year of a year program
List all the obligatory electives you have successfully completed. <i>Mention which elective, start/end date, grade</i> <i>Example: Internal medicine January 2022/August 2022 Excellent</i>	

Application for a clinical elective or research elective?	Clinical Elective Research Elective (continue at the section for research elective)
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Clinical Elective

Are you applying for mandatory rotation?	Yes	No
How many departments do you want to visit?	One	Two
Department(s) of choice (place a '1' next to your first choice and a '2' next to your second choice, if applicable)		
<p>Anesthesiology</p> <p>Cardiology</p> <p>Cardiothoracic Surgery</p> <p>Child and Adolescent Psychiatry</p> <p>Clinical Genetics</p> <p>Clinical Geriatrics</p> <p>Dermatology and Venerology</p> <p>Ear, Nose and Throat</p> <p>Emergency Medicine</p> <p>Epidemiology</p> <p>Family Medicine</p> <p>Gastrointestinal and Liver Diseases</p> <p>Gynaecologic Oncology</p> <p>Hematology</p> <p>Intensive Care</p> <p>Internal Medicine</p> <p>Internal Oncology</p> <p>Medical Microbio. and Infect. Diseases</p> <p>Neurology</p> <p>Neurosurgery</p>	<p>Obstetrics & Gynecology</p> <p>Ophthalmology</p> <p>Oral surgery</p> <p>Orthopedics</p> <p>Pathology</p> <p>Pediatrics</p> <p>Pediatric Surgery</p> <p>Pediatric Neurology</p> <p>Pharmacy</p> <p>Plastic surgery</p> <p>Psychiatry</p> <p>Pulmonary Medicine</p> <p>Radiology & Nuclear Medicine</p> <p>Radiotherapy</p> <p>Rehabilitation</p> <p>Rheumatology</p> <p>Social Health Care</p> <p>Surgery</p> <p>Urology</p> <p>Viroscience</p>	
Preferred dates 1 st choice (dd/mm/yyyy)	From	Till
Preferred dates 2 nd choice (dd/mm/yyyy)	From	Till
I speak and read Dutch	Yes	No
I speak and read English	Yes	No

Research Elective

<p>Name of Department</p> <p><i>Please make a choice from the departments listed on this webpage:</i></p> <p>www.erasmusmc.nl/en/research/departments-and-centers</p>		
Preferred dates (dd/mm/yyyy)	From	Till

Approval by home university

Coordinator home university	
Title	
Gender	Male Female Other
E-mail address	
Phone number	

Upload documents

Please send the following documents along with your application form:

- Curriculum Vitae
- Official proof/certificate of English Proficiency (Only IELTS 6.0 or TOEFL IBT 80 will be accepted)
- Transcript of records (in English)
- Letter of recommendation from your home university
- Copy of a valid passport
- Passport photo

Terms and conditions

Declaration

I hereby declare that the information provided above is true to the best of my knowledge and will abide by whatever decision the Faculty makes with regard to my application.

Coordinator

I hereby declare that my home university coordinator approves and agrees with my application and the period of choice.

Application

I acknowledge that requesting and accepting an elective is a commitment and a reflection of my professionalism and will try to avoid (late) cancellation. I understand that last minute cancellations result in a missed opportunity for a fellow medical student.

Free of charge

This internship is offered to me free of charge but certainly not non-committal. I have sufficient funds to cover all expenses during my stay in Rotterdam.

Agree

Not Agree