

Application Form for International Medical Students									
Date Submitted									
PERSONAL DATA									
Name		First		Middle		Last			
Gender					Telephone				
Birth date					Fax				
Nationality					E-mail				
Current Address		Street							
		City							
		State/Province							
		Postal Code							
		Country							
PROGRAM INFORMATION									
Preferred Specialty:						Duration (weeks)			
1.									
2.									
3.									
Requested Start Date			End Date			Total Duration (weeks)			
EDUCATIONAL RECORD									
Please complete information relevant to your education									
Dates			Institution				Degrees and Honors		
Month and Year			College/University/Hospital						
	To								
	To								
	To								
	To		Internship						
	To		Location						
Please state the learning objectives of your elective:									
<p style="text-align: center;">-----</p> <p style="text-align: center;">The Fourth Affiliated Hospital, Zhejiang University School of Medicine No.N1, Shangcheng Avenue, Yiwu, Zhejiang, PR China 322000 Tel: +86-579-8992-5126 Email: electives@zju.edu.cn</p>									

## Application Form for International Nursing Students

<b>Date Submitted</b>						
<b>PERSONAL DATA</b>						
<b>Name</b>	First		Middle		Last	
<b>Gender</b>				<b>Telephone</b>		
<b>Birth date</b>				<b>Fax</b>		
<b>Nationality</b>				<b>E-mail</b>		
<b>Current Address</b>	Street					
	City					
	State/Province					
	Postal Code					
	Country					
<b>PROGRAM INFORMATION</b>						
<b>Preferred Specialty:</b>				<b>Duration (weeks)</b>		
1.						
2.						
3.						
<b>Requested Start Date</b>		<b>End Date</b>		<b>Total Duration (weeks)</b>		
<b>EDUCATIONAL RECORD</b>						
<b>Please complete information relevant to your education</b>						
<b>Dates</b>		<b>Institution</b>		<b>Degrees and Honors</b>		
Month and Year		College/University/Hospital				
	To					
	To					
	To					
	To		Internship			
			Location			
<b>Please state the learning objectives of your elective:</b>						
<p>-----</p> <p>The Fourth Affiliated Hospital, Zhejiang University School of Medicine              No.N1, Shangcheng Avenue, Yiwu, Zhejiang, PR China 322000              Tel: +86-579-8992-5126   Email: electives@zju.edu.cn</p>						

Application Form for International Residents									
Date Submitted									
PERSONAL DATA									
Name		First		Middle		Last			
Gender					Telephone				
Birth date					Fax				
Nationality					E-mail				
Current Address		Street							
		City							
		State/Province							
		Postal Code							
		Country							
PROGRAM INFORMATION									
Preferred Specialty:						Duration (weeks)			
1.									
2.									
3.									
Requested Start Date			End Date			Total Duration (weeks)			
Do you need to apply for a Chinese Temporary Medical License (at least 3 months in advance):									
EDUCATIONAL RECORD									
Please complete information relevant to your education									
Dates			Institution				Degrees and Honors		
Month and Year			College/University/Hospital						
	To								
	To								
	To								
	To		Internship						
	To		Location						
	To		Residency						
	To		Location						
Please state the learning objectives:									
<p>-----</p> <p>The Fourth Affiliated Hospital, Zhejiang University School of Medicine  No.N1, Shangcheng Avenue, Yiwu, Zhejiang, PR China 322000  Tel: +86-579-8992-5126 Email: electives@zju.edu.cn</p>									

Application Form for International Registered Nurses									
Date Submitted									
PERSONAL DATA									
Name		First		Middle		Last			
Gender					Telephone				
Birth date					Fax				
Nationality					E-mail				
Current Address		Street							
		City							
		State/Province							
		Postal Code							
		Country							
PROGRAM INFORMATION									
Preferred Specialty:						Duration (weeks)			
1.									
2.									
3.									
Requested Start Date			End Date			Total Duration (weeks)			
EDUCATIONAL RECORD									
Please complete information relevant to your education									
Dates			Institution			Degrees and Honors			
Month and Year			College/University/Hospital						
	To								
	To								
	To								
	To		Internship						
			Location						
	To		Work Experience						
			Location						
Please state the learning objectives:									
<p style="text-align: center;">-----</p> <p style="text-align: center;">The Fourth Affiliated Hospital, Zhejiang University School of Medicine No.N1, Shangcheng Avenue, Yiwu, Zhejiang, PR China 322000 Tel: +86-579-8992-5126 Email: electives@zju.edu.cn</p>									