Medizinische Universität Graz

# Application for Admission

## Guest Scientist/Guest Students

The completed application and all accompanying documents have to be submitted (at least **1 months**, prior to planned stay)
**International Relations and Postgraduate Education**
**Medical University of Graz**
**Mozartgasse 12/2**
**8010 Graz**
**Austria**

**christina.weiss@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: ☐ male ☐ female |
| Place of birth: | | |
| Passport number: | --------- | valid till: --------- |
| Nationality: | --------- | |
| Marital Status | ☐ single ☐ married ☐ 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:***<br><br>Current year of studies (Please mark): year 3 / 4 / 5 / 6<br><br>Length of Medical Studies at your School (Please mark): 4 / 5 / 6 years<br><br>Expected date of graduation: --------- |
| ***For Guest Scientists and/or Doctors only:***<br><br>Highest Degree Awarded:<br><br>Do you have an employment contract with your home institution during your stay at the Medical University of Graz? ☐ Yes ☐ No |

## 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 | |
|---|---|
| ☐ **an Observership Programme** (for doctors) | ☐ **a Clinical Elective** (for students) |
| ☐ **a Thesis/Dissertation** | |

*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 |
| ☐ I have proof of the Mentel-Mantoux-Test (not older than 1 year). | | |

## 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

## 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€
- ☐ Letter of Recommendation by your Home institution
- ☐ Document stating that you have adequate financial support for your stay (e.g. scholarship)
- ☐ Mendel-Mantoux-Test results (no x-ray needed)
- ☐ Copy of the highest diploma degree in German or English translation
- ☐ Copy of Passport (page stating name, photo and date of birth)
- ☐ Proof of scholarship – if applicable

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

**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.**

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

_____ _____

Date Applicant's signature