



Universidad de Buenos Aires
Facultad de Medicina

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Please write clearly

Last Name: _____

Name: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

e-mail: _____ Tel: _____ Fax: _____

Passport Nº _____ Sex: M _____ / F _____

I am currently a _____ year student in a _____ year program

What elective are you applying for? Note: All electives dates must begin on a Monday

1st choice: _____
elective _____ day / month / year to _____ day / month / year

2nd choice: _____
elective _____ day / month / year to _____ day / month / year

3rd choice: _____
elective _____ day / month / year to _____ day / month / year

This section to be filled out by Dean or comparable school official of medical school where the students is enrolled.

The student:

- 1- The student is exempt from paying tuition fee at the School of Medicine UBA * (*only for bilateral agreements signed*)
- 2- A final evaluation is required at the end of the exchange
- 3- The student speaks and writes fluent Spanish

YES*	NO
YES	NO
YES	NO

_____ Title of School Official

_____ signature

_____ date

SCHOOL SEAL