APPLICATION INSTRUCTIONS

Foreign students who wish to do an elective rotation at our University <u>must</u> be in their final of the medical career. Acceptance into the program depends on completion of all requirements and availability of space.

<u>REQUIRMENTS:</u> (for electives or exchange student to do a semester at our School of Medicine)

1- Recommendation, in writing, from the Director of Medical Curriculum of the applicant´s medical school. (English or Spanish)
2- Recommendation, in writing, from Dean of the applicant´s medical (English or Spanish)
3- Certified copy of medical school transcript from the beginning of the medical career (translated to Spanish)
4- Proof of being a last year student at your University
5- Submission of a completed application
6- Two photographs (4 x 4)
7- A letter of presentation stating the reasons why you wish to come to Argentina (in Spanish)
8- Personal Health insurance
9- Photocopy of Passport
10- Those students whose language is other than Spanish, must send a certificate with score of Intermediate or Advance of an official Spanish Test**.** CELU Certificado de Español, Lengua y Uso
  http://www.celu.edu.ar/
11- There is an Administration Fee of **$ 2000** (two thousand pesos Argentinos) **per month,** you must cancel <u>the total amount</u>, before the beginning of the activity, when you present yourself at the International Affairs office. This is a **Non-refundable fee**.

Note: *If accepted, we will send you a letter of acceptance to your home address. You must present this letter in person at the International Affairs Office, before the beginning of the elective; the letter must be sign by the Dean of your School of Medicine.*

For additional information or questions please contact: **relint@fmed.uba.ar**

Complete and return application to: Universidad de Buenos Aires
Facultad de Medicina
Relaciones Internacionales
Paraguay 2155, Capital Federal
Argentina, 1121

I have read and understand all the application materials. I attest that the information given in the application form is accurate and true.

_____   _____
   student´s signature   **date**