

APPLICATION FOR IADS EXCHANGE



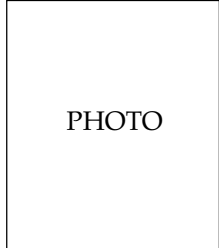
Name: _____

Date Of Birth: ____d/____m/____y Sex: M F

Address 1 (during term-time): _____

Telephone: _____ Fax: _____

Email (in CAPITALS): _____



Address 2 (during holidays): _____

Holiday dates* : _____

Telephone: _____ Fax: _____

Dental School & Address: _____

Telephone: _____ Fax: _____

Year of study: _____ Languages spoken: _____

Type of exchange: Unilateral Bilateral[§]

	1st choice	2nd choice	3rd choice
Country			
Dental School			

I am / am not[†] willing to go anywhere else if the country of choice is not obtainable.

Dates for exchange (Arrival/Departure): ____d/____m/____y to ____d/____m/____y
 or: _____ weeks, in _____ (month) _____ (year)

I would prefer to do clinical work/observe[†] in the department of: _____

Other Remarks: _____

 Applicant's signature

 Dean's signature[‡]

School Stamp[‡] (in space below):

 National Exchange Officer's signature

Date: ____d/____m/____y

[†] delete as appropriate. [‡] Application will not be valid if Dean's signature and School stamp are not present.
[§] IADS Bilateral Exchange Contract will be required: consult your NEO for details.
 * Please give all times between date of application and date of exchange when you will be at this address.