



Sveučilište u Splitu Medicinski fakultet  
Universitas Studiorum Spalatensis Facultas Medica  
Šoltanska 2  
21000 Split  
HRVATSKA

## TRAINEESHIP APPLICATION FORM

PERSONAL INFORMATION	
<b>Title</b>	
<b>Name</b>	
<b>Surname</b>	
<b>Date of birth</b>	
<b>Country of birth</b>	
<b>Nationality/Citizenship</b>	
<b>Sex: Male/Female</b>	

CONTACT INFORMATION	
<b>Mobile phone:</b>	
<b>E-mail address</b>	
<b>Postal address</b>	
<b>Street name and number</b>	
<b>ZIP code</b>	
<b>City</b>	
<b>State</b>	

SENDING INSTITUTION	COUNTRY	STUDY YEAR	Weighted ECTS grade point average



Sveučilište u Splitu Medicinski fakultet  
Universitas Studiorum Spalatensis Facultas Medica  
Šoltanska 2  
21000 Split  
HRVATSKA

DEPARTMENT	Number of weeks

- I certify that the information submitted in this form, are complete and accurate to the best of my knowledge.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\* Application Form must be emailed together with required documentation to: [erasmus@mefst.hr](mailto:erasmus@mefst.hr)

\* Application period is from January 1<sup>st</sup> until May 1<sup>st</sup> for following summer