



IFMSA-Poland

Międzynarodowe Stowarzyszenie
Studentów Medycyny



SCORE

Wymiana Naukowa

**APPLICATION FORM
FOR SCORE RESEARCH EXCHANGE**

**International Federation of Medical Students' Associations
IFMSA – Poland**

PLEASE FILL THIS FORM WITH CAPITAL LETTERS

A. I would like to apply for a research exchange to: (please write down country and NMO)

1.
2.
3.

B. I would like to apply with student (according to Byław 3.9 of SCORE IFMSA-Poland Bylaws):
(optional)

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1. Full name:

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2. Medical School:

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3. Year of study and name of the Faculty:

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4. Address, phone number, email:

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As a student I, declare, that:

- a) I will not have any financial regards in case of losing research exchange due to causes other than IFMSA's fault,
- b) I am aware that members' collections and donations for the Executive Board are never refunded,
- c) I am familiar with and I will obey the Regulations of IFMSA-Poland and SCORE IFMSA-Poland Bylaws,
- d) I am familiar with The Standing Committee on Research Exchange (SCORE) selection rules,
- e) I acknowledge that foreign contractor decides about research projects assignment for students taking part in SCORE,
- f) I agree for data processing in order to take part in qualification process. I am aware that I can always change my personal data and in case of my disagreement, the list with results of qualification process for SCORE exchange, will contain my name replaced by number of my credit book and name of my Local Committee.

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Place and date

Signature of the Applicant



5. Grade point average , confirmed by the Dean's Office

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in words:

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(signature and stamp of Dean's Office worker)

6. Past IFMSA foreign exchanges (please write down where and when, was it SCOPE or SCORE exchange, if it was a substitution also please write it down):

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7. Scientific club participation (club name, period of time) confirmed by tutor:

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