|  |  |
| --- | --- |
|  | OFFICE USE ONLY: Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date sent to host campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

#### I: APPLICANT INFORMATION

Please TYPE in the shaded areas as applicable. Non-shaded areas can be handwritten. After completion, keep a copy of your application for future reference.

A. PERSONAL INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Student’s Legal Name: |  |  |  |

(as it appears in your passport) Family (Last) Name Given (First) Name (prénom) Middle Name

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 2. Date of Birth: |  | 3. Gender: | Female: |  | Male: |  |

Day / Month / Year

|  |  |  |  |
| --- | --- | --- | --- |
| 4. Place of Birth: |  |  |  |

City State/Province Country

|  |  |  |  |
| --- | --- | --- | --- |
| 5. Country of Citizenship: |  | 6. Country of Permanent Residence: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 7. Addresses | Current Address | | | | Permanent Address |
|  | Valid from: |  | Until: |  | (If different than your current address) |
|  | Month/Year Month/Year | | | |  |
| Street and Apartment #: |  | | | |  |
| City: |  | | | |  |
| Country: |  | | | |  |
| Postal Code: |  | | | |  |
| Telephone Number: |  | | | |  |

Landline (Fixe) Cell phone (portable)

|  |  |  |
| --- | --- | --- |
| 8. Email Addresses: |  |  |

Preferred Email Address Alternate Email Address

|  |  |  |
| --- | --- | --- |
| 9. Emergency Contact: |  |  |

Name Relation

|  |  |  |
| --- | --- | --- |
|  |  |  |

Phone Number E-mail Address

Note: Please check this email regularly as it is the principle form of communication for the North American universities and MICEFA.

B. ACADEMIC INFORMATION

|  |  |
| --- | --- |
| 10. Name of your Home University: |  |

|  |  |  |
| --- | --- | --- |
| 11. Planned Period of Study on Exchange |  |  |

Leave a blank in the appropriate space if you are a semester only student. Month/ Year

|  |  |
| --- | --- |
| 12. Major(s) and/ or Minor(s) of Study at Home Institution: |  |

|  |  |
| --- | --- |
| 13. Principle Field(s) of Study during Exchange: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 14. Class Level during Exchange: | DCEM1/Med 1 |  | DCEM2/Med 2 |  | DCEM3/Med 3 |  | DCEM4/Med 4 |  |

|  |
| --- |
| 15. Specialties – please put what medical specialties you are interested in studying |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| 16. Tertiary Institutions/Universities Attended or Attending Name of Institution | Enrolled from/to | Degree Received |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| MCG EXCHANGE APPLICATION FOR: |  |

#### Student’s Family (Last) Name, First Name

|  |  |  |
| --- | --- | --- |
| 17. Employment Experiences  Employer | Job Description | Dates |
|  |  |  |
|  |  |  |
|  |  |  |

II. LETTERS OF RECOMMENDATION

You must provide two letters of recommendation filled out by professors or former employers. They must be submitted to your International Office with this application. At least one must be in English or in Spanish. If necessary, attach an English translation. Please refer to our "letter or recommendation" writing guide located on our website: www.micefa.org for more information.

|  |  |  |
| --- | --- | --- |
| Names of Professors/ Former Employers Providing Letters | Department/ Position | Institution/ Company |
|  |  |  |
|  |  |  |
|  |  |  |

III. FRENCH LANGUAGE PROFICIENCY

|  |  |
| --- | --- |
| Number of semesters of French taken: |  |

IV. HEALTH INSURANCE

Once you have been accepted to the host university, you will need proof of international health coverage during your exchange.

IMPORTANT: ALL STUDENTS MUST PURCHASE HEALTH INSURANCE BEFORE DEPARTURE.

V. STATEMENT OF UNDERSTANDING:

I understand that if I am admitted to the host institution as an international exchange student, my status is that of a non-degree student. Should I wish to change my status to that of a degree-seeking international student, I am aware that I will need to satisfy all admission requirements of the campus to which I am applying. Furthermore, I understand that MICEFA has sole discretion in selecting an appropriate campus for my studies.

I understand that I must be flexible in the selection. I understand that I am required to maintain good academic standing and to register in and maintain full-time enrollment each term. I also understand that failure to comply with these policies can result in the immediate termination of my exchange program.

I understand that while host university tuition fees are waived for exchange students, I may be required to pay campus-based fees, which cover campus activities and services. I agree to pay for any additional campus-based fees not covered by the Exchange Agreement between MICEFA and my home institution. This can include but is not limited to laboratory course fees, library service fees, activity fees, student body association or center fees, health facilities fee, etc. I also agree to purchase and maintain health insurance as indicated above for myself and for any dependents with me in France for the full length of my stay. I understand that failure to do so is a violation of my visa status and will lead to termination of my exchange status and my stay in France.

|  |  |  |  |
| --- | --- | --- | --- |
| Student Signature: |  | Date: |  |

Month / Day / Year

|  |  |
| --- | --- |
| MCG EXCHANGE APPLICATION FOR: |  |

#### Student’s Family (Last) Name, First Name

VI. STATEMENT OF PURPOSE ((Please use the box below; in order to increase your chances of being accepted, you can write three

different statements of purpose and attach them, one per campus. Otherwise, if you write a generic statement, you should not mention any specific campus.)

|  |
| --- |
|  |

VII. SUBMISSION OF APPLICATION

Submit the original application plus the following materials to the International Office at your home institution:

* Statement(s) of Purpose (one page only per campus, must be typed in provided space). Write a concise statement of purpose concerning your past work in your intended field of study and in related fields. Your plans for graduate study abroad and your career objectives. Do not simply repeat statements already provided. Try, for example, a more personal perspective, but be as specific as possible. In order to increase your chances of being accepted, you can write three different statements of purpose and attach them, one per campus. Otherwise, if you write a generic statement, you should not mention any specific campus.)
* Copy of the page of your passport showing your photo and full legal name;
* 2 letters of recommendation;
* Official transcripts of all higher education institutions/ university study;
* ID photo (digital copy is sufficient)
* Student's signature on page 2;
* Proof of International Health Insurance coverage.

VIII. HOME INSTITUTION ENDORSEMENT (to be completed by your home university)

I have verified that the student is submitting a completed application, which includes the documents listed in Section VII. After reviewing the student’s application, I recommend the student’s participation in this exchange.

|  |  |  |  |
| --- | --- | --- | --- |
| Printed Name: |  | Title of Position: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Day / Month / Year

IX. MCG ENDORSEMENT

I have verified that the student is submitting a completed application, which includes the documents listed in Section VII. After reviewing the student’s application, I recommend the student’s participation in this exchange.

|  |  |  |  |
| --- | --- | --- | --- |
| Printed Name: | LAVONNE BURTON | Title of Position: | Medical Exchanges Coordinator |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Day / Month / Year