

Application form for POE exchange program

2016/2017

The application form and the attachments (POE membership book, copies of passport/ID, language exams, certificates etc.) should be handed in in a closed, big envelope at the POE (=HuMSIRC) office (basement). Write your name and your NEPTUN code on the envelope in capital letters.

Paper order in the envelope: 1 - POE Membership book, 2 - Application form, 3 - Scholastic record from NEPTUN, 4 - Language exams, 5 - Other certificates, 6 - Passport/ID

Info: leoout.pecs@gmail.com

Deadline of the application period: 11 November, 4.00 PM

Full name: _____

Please underline your family name.

NEPTUN code: _____

SCOPE (professional exchange) * ☐

SCORE (research exchange) * ☐

*Please indicate it with an X.

Total points (do not write here)	
Scholastic record	
Research points	
HuMSIRC points	
Extra points	
Total score	

This page is intentionally left blank.
You can make notes or comments there.



01. General data

Please fill the following questions in capital letters. Be careful when filling, because later you won't be able to make changes in the IFMSA database.

Use an e-mail address checked regularly, because you'll receive several letters via e-mail. For not getting information through the given e-mail address, POE is not responsible.

Be careful when choosing a destination. UP MS accepts clinical practices only in accredited teaching hospitals and teaching wars in the European Union, Norway, Switzerland, the USA and Canada. Check the website of the Registrar's office for further information.

Full name: _____

NEPTUN code: _____

Year of admission: _____

Nationality: _____

Address in Hungary: _____

Mobile number: _____

E-mail: _____

Passport No./ID number: _____

Valid until: _____

For students from the European Union ID card is also equivalent if choosing a destination within the European Union. Otherwise passport is required with a copy of it.

02. University record and language skills

Please use capital letters. Course averages are calculated by the Registrar's Office (RO), please fill this form with your credit index exactly as it appears in NEPTUN. The last two active semester counts.

You need to attach a NEPTUN print screen about your scholastic records. Please take a screen photo EXACTLY as you see at the example. Don't forget to open down the windows.

Grade average

Actions: Add to favourites

Studies - grade averages

Data: Tanulmányok - tanulmányi átlagok

Studien - Durchschnittsnoten

Year, term	Student's status	Financial status	Teljesített kr.	Felvett kr.	Össz teljesített kr.
2014/15/2	Active	Student with full state scholarship			
2013/14/1	Active	Student with full state scholarship			
2014/15/1	Active	Student with full state scholarship			
2016/17/1	Active	Student with full state scholarship			
2013/14/2	Active	Student with full state scholarship			
2015/16/1	Active	Student with full state scholarship			

More term averages

Other cumulative averages

Súlyozott átlag:

Kreditindex:

KKI:

Ismételt vizsgák száma:

Elismert kr.:

Nem elismert kr.:

Össz KKI:

Össz IV száma:

Össz elismert kr.:

Össz nem elism.kr.:

2015/16/2	Active	Student with full state scholarship	32	32	190
-----------	--------	-------------------------------------	----	----	-----

More term averages

Other cumulative averages

Súlyozott átlag:

Kreditindex:

KKI:

Ismételt vizsgák száma:

Elismert kr.:

Nem elismert kr.:

Össz KKI:

Össz IV száma:

Össz elismert kr.:

Össz nem elism.kr.:

Number of results:1-7/7 (109 ms)

A language exam is required for the application. We accept the same language exams as the RO. Please attach a copy of your language certificate, because the application without it is invalid. The Medical Hungarian/Medical English language exam organized by the Language Dept. is not accepted (but PROFEX language exam as well as the other accredited exams are).

Please note, that several destinations require special language skills from the applicants that you can check at the IFMSA website.

02a. Scholastic record

Weighted credit index in the 1st semester in 2015/2016: _____

Corrected credit index (KKI) in the 1st semester in 2015/2016: _____

Weighted credit index in the 2nd semester in 2015/2016: _____

Corrected credit index (KKI) in the 2nd semester in 2015/2016: _____

02b. Language exams

Please underline if you have a language exam from the Language Dept.

I have Medical Hungarian / Medical English exam YES NO

Fill the chart as the example shows. If you have PROFEX language exam, tick the last column.
The example shows a B2 level complex PROFEX exam.

language	level		type			medical
	B2	C1/ C2	oral	written	both	
<i>English (example)</i>	<i>X</i>				<i>X</i>	<i>X</i>
English						

03. Research and social work

Please use capital letters. You need to attach certificates, contracts and documents to gain points. Without them your statements are invalid. You can add extra pages if needed.

Research in Student Researchers' Society (where, what, since when?)

Attendance at a TDK conference (presentations, results, date)

Research competitions, publications

Working as a demonstrator at UP MS (since when, in which dept.)

Social work (in EGSC or in HÖK but not in HuMSIRC)

Experience in nursing or in ambulance

04. Work in POE

From 2016, we only accept points from the membership book. Please ask the representatives to fill your membership book. Don't forget to attach your membership book.

Membership started in: _____

Calculated point from the membership book: _____

05. Additional questions about the destination country

Please use capital letters. You will choose the destination country after your scores are calculated at the assembly.

Attention: some countries require extra documentation, tests and skills during the application procedure. Please check the countries you'd like to choose before the assembly. It's your responsibility to check whether you meet the requirements.

Info: <http://ifmsa.org/participating-countries-and-exchanges-conditions/>

Partner name and NEPTUN code: _____

Only if you want to travel with someone. If not, please leave it empty.

Which country/countries would you choose?

Number 1: _____

Number 2: _____

Number 3: _____

In the future, which countries would you like to see among the possible destinations?

If applying for clinical practice, what type of practice you want to complete? *Please, indicate it with an X!*

- ☐ Internal medicine professional exchange (after the 6th sem.)
- ☐ Surgery professional exchange (after the 8th sem.)
- ☐ Rotation year practice or other: _____

06. Declaration

1. The application fee for a valid application is 35.000 forints and it has to be paid at the assembly for POE (in Hungarian forint and in cash). The application fee should be paid by only those students, who will participate in one of our programs Without paying the application fee, the application is invalid.

2. I also accept to pay additional 5000 forints as a caution money. If POE receives the IFMSA Certificate and a brief summary about the exchange scholarship the caution can be returned. I have 15 days to hand it in after your exchange terminates. It should be paid with the application fee at the assembly.

3. I declare that the required documents will be provided and attached. I accept that some countries have special conditions. Without the required documents the application is invalid, resulting in the loss of the scholarship.

4. Hereby I accept, that the IFMSA registration after the assembly is my duty, and POE assumes no responsibility for the incidental mistakes. The IFMSA application will be carried out via internet. It is my responsibility to fill all the documents required to the contract and also to respect the deadlines.

5. I furthermore accept, that the additional prices, including the travel, the visa, the insurance and etc. are my duties. The application fee covers only the accommodation and the daily one meal/pocket money per applicant.

6. Once the registration fee is paid there is no way to return the money. Substitutions are accepted, but there is no refund. For more details, see the contract.

7. Hereby I accept, that POE assumes no responsibility for accreditation problems. It is the applicant's responsibility to check the accreditation status.

By my signature I declare that all the information and personal data given above are true, and POE assumes no responsibility for the incidental mistakes. POE or UP MS is not responsible for any type of financial or personal damage deriving from the practice or a cancelled application. I have read, understood and accepted the exchange conditions.

Name and date: _____

Signature: _____