

## SCOPE Application Form - Checklist

This checklist must be uploaded together with the other documents for the application

**Name:** \_\_\_\_\_ **Faculty:** \_\_\_\_\_

**Application Points:** \_\_\_\_\_

### Preferred countries

1. Preference: \_\_\_\_\_ Duration: \_\_\_\_\_ - \_\_\_\_\_

2. Preference: \_\_\_\_\_ Duration: \_\_\_\_\_ - \_\_\_\_\_

3. Preference: \_\_\_\_\_ Duration: \_\_\_\_\_ - \_\_\_\_\_

**Language Skills** (besides English): \_\_\_\_\_

**Former Applications:**  My last application was in 20 \_\_\_\_\_ for \_\_\_\_\_

I had to cancel the exchange.

I wasn't accepted by bvmd.

The exchange was canceled by bvmd

I never applied for an exchange before.

### Documents to be shown in original

Bvmd application point form

Proof of payment of 150- € application fee

Proof of Enrollment (at least 4 semester or 6 trimester of medical students completed)

Letter of Motivation for the first preference in English

Language certificate in English (mandatory)

Language certificate in the national language (optional)

(CAUTION: Some countries require national language skills! Check Exchange Conditions)

If necessary: bvmd accommodation document

Signed Exchange Conditions of bvmd

**I hereby confirm that the student mentioned above fulfills the bvmd intern requirements for an application for the professional exchange program SCOPE. I checked all the documents marked above as well as the application points for correctness and completeness.**

\_\_\_\_\_  
Local committee (LC), Date

\_\_\_\_\_  
Signature and stamp of LEO