**山东大学MBBS学生国外实习申请表**

**Application Form for Overseas Clinical Rotation for MBBS Student, Shandong University**

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| **Passport name** |  | **Gender** |  |
| **Student No.** |  | **Grade** |  |
| **Nationality** |  | **Passport No.** |  |
| **Major & University** | MBBS, Shandong University(SDU), China +86-531-88382725 | | |
| **Planned clinical rotation time** | From (Year-Month-Day) to (Year-Month-Day),  week (in total) | | |
| **Name of hospital**  **& Detail address** |  | | |
| **Basic information of hospital** | Total number of beds: Total number of doctors:  Total number of admitted patients per year: Time of Establishment: | | |
| **Application reason**  **(within 50 words)** |  | | |
| **Personal**  **Statement** | 1. The hospital is affiliated with the Medical College of the University and has the conditions for clinical rotation, the clinical rotation results can be recognized by the Health Commission in my country.  2. The hospital has accepted my application for clinical rotation. I volunteered to practice in this hospital and promised to work hard to complete my clinical rotation.   * 3. I will do clinical rotation in the hospital without ending it in advance. I will be responsible for the consequences of not completing the internship due to personal reasons.   4. After the clinical rotation, I will submit the clinical rotation logbook to the school in time and obey the school’s evaluation of my clinical rotation results.  I certify that the above information is true, which is of my willingness.  Applicant signature： Date: | | |
| **Contact information of hospital** | Contact person： Position：  Phone number： E-mail： | | |
| **Hospital’s opinion** | We agree to accept the above student to do the clinical rotation in our hospital.  Signature (Seal)： Position： Date: | | |
| **Shandong University’s opinion** | Signature (Seal)： Date: | | |
| **Note** |  | | |

If the hospital has any questions, please write to [renhuizhu@sdu.edu.cn](mailto:renhuizhu@sdu.edu.cn) (MBBS Education Center of SDU)