

Wilson Medical Exchange Application

Chinese Name:		Name in Pinyin:		English Name:	
Mobile Number:			E-mail Address:		
Home Address:					
Major:			What year of study are you in?		
What type of student are you?	<input type="checkbox"/> Bachelor Student <input type="checkbox"/> Masters Student <input type="checkbox"/> Doctoral Student				
Chose one or more of the medical fields you are interested in.	<input type="checkbox"/> OB/GYN <input type="checkbox"/> ENT <input type="checkbox"/> Pulmonary <input type="checkbox"/> Dermatology <input type="checkbox"/> General Practice <input type="checkbox"/> Surgery <input type="checkbox"/> GI <input type="checkbox"/> Pediatrics <input type="checkbox"/> Other: _____				

Have you had any clinical or hospital experience? If yes, what kind and for how long? Please answer in English.

Why are you interested in this exchange program? Please answer in English.

Why do you want to be a doctor? Please answer in English.

Personal Interview: The final step in the selection process is a personal interview in English with a CDTI staff member. If chosen for an interview, you will first be contacted for appointment details.