

International Academic Exchange Programme: 2019 Japanese Tour

APPLICATION FORM

(Please print or type)

PERSONAL DATA:

Name:

Date of birth:

Mailing address:

.....

.....

Phone and fax:

SIGNATURES:

Signature (by the chairman of the Department of Urology):

I certify that this is the only application to the Japanese Tour of the EAU/JUA International Academic Exchange Programme from my medical school. My letter of recommendation is attached.

.....

Signature

Name

Date

DEADLINE: applications must be received by NOVEMBER 1, 2018

Mail the original of the completed application, your curriculum vitae, a letter of recommendation and your list of publications to:

The EAU Central Office
Attention: Angela Terberg
Mr. E.N. Van Kleffensstraat 5
6842CV Arnhem
The Netherlands
Phone: +31 26 389 06 80 / Fax: +31 26 389 06 74

APPLICANT'S PERSONAL STATEMENT:

Indicate your primary and secondary area of academic and/or clinical interest.

Provide a personal statement describing how participation in the EAU/JUA International Academic Exchange Programme will be of benefit to you and to your academic career in particular (please type and limit yourself to this page).

