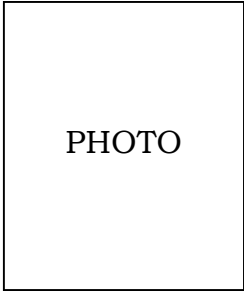


APPLICATION FOR IADS EXCHANGE



Name: _____
Date Of Birth: ___d/___m/___y **Sex:** M F
Address 1 (during term-time):



Telephone: _____ **Fax:** _____
Email (in CAPITALS): _____
Address 2 (during holidays):

Holiday dates*: _____
Telephone: _____ **Fax:** _____
Dental School & Address:

Telephone: _____ **Fax:** _____
Year of study: _____ **Languages spoken:** _____

Type of exchange: Unilateral Bilateral §

	1st choice	2nd choice	3rd choice
Country			
Dental School			

I am / am not† willing to go anywhere else if the country of choice is not obtainable.

Dates for exchange (Arrival/Departure):
 ___d/___m/___y to ___d/___m/___y
or: _____ weeks, in _____ (month) _____ (year)

I would prefer to do clinical work/observe† in the department of: _____

Remarks (invitation paper requirements/other):

Applicant's signature

Dean's signature‡
School Stamp‡ (in space below):

National Exchange Officer's signature

Date: ___d/___m/___y

† delete as appropriate.‡ Application will not be valid if Dean's signature and School stamp are not present.
 § IADS Bilateral Exchange Contract will be required: consult your NEO for details.
 * Please give all times between date of application and date of exchange when you will be at this address