



CHECKLIST FOR INTERNATIONAL VISITING ELECTIVE APPLICATION AT THE UNIVERSITY OF NAVARRA

Please check that your application includes all the documents listed below.

The documents must be scanned and sent in separate computer files:

1. All required and duly filled-in documents should be sent in a pdf format, making sure they are clear and readable, identified by the kind of document and your name, e.g.: Passport – First Name Last Name
2. One passport-sized photograph should be sent in a separate jpg file, with high resolution and a neutral background

Applications must be sent in a single email to intermed@unav.es with the following subject line format:
VISITING STUDENT APPLICATION – FIRST NAME LAST NAME

Incomplete applications will not be considered.

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- **Application form for clinical electives** signed by the student and home university exchange coordinator.
 - **Passport data page** (students in the European Union can send a scan of their national ID card).
 - **Immunization form**, signed by the student and a physician doctor, together with the results of laboratory tests and the COVID related vaccine documents.
 - **Confidentiality form**, signed by the student.
 - **Veracity-of-documentation form**, signed by the student.
 - **Certificate of Spanish language level B2** (for students whose native tongue is not Spanish)
 - **Background check**: certificate of absence of criminal record | child abuse clearance authenticated or legalized in Spanish or English.
 - **Official transcript of records** in English or Spanish.
 - **Registration form (*Solicitud de admisión alumnos extraordinarios*)**, signed by the student.
 - **Letter of recommendation**, by a Faculty member or professor
 - **Passport size photograph** (Dimensions: 300 x 300 pixels, Resolution: 72 dpi)
 - Proof of payment of the application fee of 55.90 EUR.

After acceptance:

- **Health insurance for the stay**: in the case of European Union students, a scan of the European health card or a private insurance document, including medical assistance in Spain for the applicant.



APPLICATION FOR CLINICAL ELECTIVES

SECTION I

Surname	Mother's maiden name	Name (s), including middle names
Address		
City	Postcode	Country
E-mail address	Telephone number	Date of birth
University of origin		Year
Choose the length of your stay for clinical work experience (Min. 1 month and max. 3 months)		
<input type="radio"/> 1 month	<input type="radio"/> 2 months	<input type="radio"/> 3 months
Please provide the dates between which you would like to carry out your clinical work experience		
Departments requested in Madrid.		
List departments in order of preference for your rotation:		
1st	2nd	3rd
4th	5th	6th

Student's signature: _____

Date: _____



SECTION II (To be filled by the home University)

We acknowledge that (name of student) _____, who is presenting this application form, is in his/her ___ year of a medicine degree, has been selected by this university _____ to participate in the clinical rotation program of the School of Medicine at the University of Navarra.

Signature of the exchange coordinator: _____

Date: _____

Stamp of the university:



Universidad de Navarra
Oficinas Generales

SOLICITUD DE ADMISIÓN ALUMNOS EXTRAORDINARIOS

Fotografía
reciente

A. Datos personales

1er Apellido		2º Apellido		Nombre		
Lugar de nacimiento		Provincia		País		
Fecha de nacimiento		Nacionalidad		D.N.I. - Pasaporte		
Domicilio :						
Calle			Número	Piso	Letra	Escalera
C.P.	Municipio		Provincia		País	
Tel.		Fax		e-mail		
Estado: Soltero <input type="checkbox"/> Casado <input type="checkbox"/> Viudo <input type="checkbox"/> Religioso <input type="checkbox"/> Sacerdote <input type="checkbox"/> Otros (especificar)						

B. Datos académicos y profesionales

Estudios universitarios realizados (si es el caso)			
Grados y Títulos universitarios obtenidos		Universidad	Fecha
Otros méritos académicos (concursos, oposiciones, publicaciones, etc.)			
Actividades profesionales desempeñadas			
Trabajo profesional que realiza actualmente			

C. Objeto de la solicitud

ESTUDIOS PARA LOS QUE SOLICITA LA ADMISIÓN			
Titulación – Plan de Estudios			
Facultad, Escuela o Instituto de		Departamento	Especialidad
Finalidad de los estudios: investigación <input type="checkbox"/> docencia superior <input type="checkbox"/> doctorado <input type="checkbox"/> especialización <input type="checkbox"/> perfeccionamiento <input type="checkbox"/> publicaciones <input type="checkbox"/> obtención méritos <input type="checkbox"/>			
<input type="checkbox"/> Desea obtener certificación con calificaciones de los estudios que cursará <input type="checkbox"/> Desea obtener certificación sin calificaciones de los estudios que cursará			
Medios económicos: (indique cuantía y entidad que concede la beca, en su caso) propios <input type="checkbox"/> beca <input type="checkbox"/>			

Fecha:

Firma:

Este impreso debe presentarse en las Oficinas Generales de la Universidad de Navarra o enviarse por correo (Oficinas Generales, Edificio Central, 31080 Pamplona, España), junto con una certificación académica de los estudios realizados fuera de la Universidad de Navarra y fotocopia del D.N.I. o pasaporte.

Excmo. Sr. Rector Magnífico de la Universidad de Navarra

Edificio Central. 31080-Pamplona. España
Tfno.: (34) 948 42 56 00. Fax: (34) 948 42 57 01. e-mail: oogg@unav.es

Escriba a continuación, a mano y brevemente: a) una descripción de su formación académica y de sus intereses profesionales; b) motivos por los que ha elegido la Universidad de Navarra; c) otras circunstancias que estime puedan servir para valorar esta solicitud.

Asignaturas/cursos que desea cursar: