**Application Form for Student Exchange Program**

Tulane School of Public Health and Tropical Medicine

And

National Taiwan University College of Public Health

**Personal Background**

**1. NAME**

 In Native language： , ,

 (Family name) (First name) (Middle name)

 In Roman block capitals： , ,

 (Family name) (First name) (Middle name)

**2. ENROLLMENT AND INSTITUTE AT CURRENT UNIVERSITY (HOME UNIVERSITY)**

|  |  |
| --- | --- |
| Institute: |   |
| Student ID: | M  |
| Supervisor： |   |
| Year of enrollment: |   |
| Year expected to graduate: |   |

**3. ENROLLMENT AT TULANE UNIVERSITY SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE (HOST UNIVERSITY)**

|  |  |
| --- | --- |
| Expected to be enrolled: | □ Spring (year) □ Fall (year) |

**Statement of Purpose**

Name:

|  |
| --- |
| (Hints: Why are you applying to this exchange program? What is your motivation? What do you expect to achieve from this program? etc.)  |
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