



## APPLICATION FORM

Hello! Wellcome to BAHIANA (School of Medicine and Public Health)

If you are a Graduate or Undergraduate student at another country and you want to enroll in one of our programs of Experiential Education, Visiting Research Student or attend to our Extension Courses, fill this form and send to [reaii@bahiana.edu.br](mailto:reaii@bahiana.edu.br).

The office of International relations will provide you with the information you require for your Registration.

Name_____	Age:_____
Country:_____	City:_____
Home Institution:_____	
Field of Studies:_____	
Current degree: ( ) Graduate ( ) Undergraduate	Current Year:_____

Fill the blanks with the program(s) you would like to be enrolled or would have more information about.

AREA	PROGRAM	4 WEEKS	8 WEEKS

\_\_\_\_\_ (sign)