

**LANDSPÍTALI**

Application form

Full name		Date of birth (dd/mm/yyyy)	Nationality
E-mail		Mobile number	Tel.:
Address	Zip Code	Country	

University	Name of University	Country
Program of study		Study year

Person to contact:	University	Full name		
	Position	E-mail		Tel.:
	Emergency	Full name		Kinship
	E-mail	Mobile number		Tel.:
	Address	Zip Code	Country	

Please read and confirm:

☐ I confirm that I have good working knowledge of English (*listening, speaking, reading and writing*)

 I confirm that my Icelandic skills are: ☐ Fluent ☐ Good ☐ Poor ☐ None

The following health precautions will be in order:

- ☐ I will bring a negative MRSA certificate
☐ I will bring a negative TBC status certificate
☐ I will bring an immunization certificate
☐ I will bring an immunization certificate against Hepatitis B
☐ I hereby declare that I have read and understood the requirements above

I would like to study at Landspítali as follows:

Department	Date from (dd/mm/yyyy)	Date to (dd/mm/yyyy)

Heilbrigðisvísindabókasafn Landspítala/SS190312

What is the purpose of your study at Landspítali?