

**Application
SUPPORTING LETTER FOR A CLINICAL TRAINEESHIP**

Study major code:						
UK						

Personal details:		
Last name:	First name(s):	Student ID Number:
Begin of studies:		
Date of birth:	Place of birth:	
Nationality:	Postal Code, Town:	
Address:		
Telephone/E-Mail:		

I want to do my clinical elective in:
Hospital:
Hospital Address/E-Mail Address/Website:
Clinical Department/University Clinic/Department:

Signature of student