



Universität Regensburg

Faculty of Medicine

OFFICE OF THE DEAN OF STUDIES

Application for a Clinical internship in the exchange program of the Faculty of Medicine

General information		Please insert passport photo here	
Surname, first name			
Date of birth			
Place of birth			
Email address			
Number of semester of study	. clinical semester		
Start of the Clinical Internship			
Planned stay (1. request)			
Partner university			
Country of destination and place			
Duration			
Time period	From		to
Planned stay (2. request)			
Partner university			
Country of destination and place			
Duration			
Time period	From		to

With my signature I agree to the transfer of my data required for the exchange (including personal data, e.g., Health data) to the partner university, if I am selected for the exchange program of the faculty.

I agree to passing on my e-mail adress to future candidates of this institution.

An experience report about the above-mentioned exchange in the Office of the Dean of Studies for future students must be submitted.

I agree with the publication of my experience report in the internal university E-learning-section

place, date

signature