



To
The Medical University of Vienna
International Office
for Student & Staff Affairs

Medical University of Vienna
Research Service
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for Student & Staff Affairs**
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Dr. Human Salemi
Institutional Mobility Coordinator

Confirmation

We hereby confirm that Mr/Ms. _____

student identification number: _____

may participate in the clinical practical course at the department of

from _____
To _____

Furthermore, we confirm information about the **clinical logbook** designed for documentation of the learning progress during the third stage of studies. For the recognition of clinical practical courses students need to produce the required confirmations in the clinical logbook in its applicable version. https://studyguide.meduniwien.ac.at/curriculum/n202-2019/?state=0-96001-5935_t9/9-10-semester-5-studienjahr

For the purpose of quality education, foreign students in their 5th year of study at a foreign university or teaching hospital must complete their studies abroad **exclusively during the regular periods of supervised instruction in accordance with the academic calendar of the host institution**: We hereby confirm that the internship period is during the **lecture period**.

Name and Stamp of Host Institution

Signature and Official Function