

**Confirmation for Clinical Rotation Applicants
within the Framework of Erasmus+ Study**

to be completed by the Erasmus coordinator / the dean of the faculty

I hereby confirm that the Erasmus applicant

(Name) _____

☐ will be in his / her final year of studies at the time of his / her Erasmus stay in Düsseldorf.

☐ will **not** be in his / her final year of studies at the time of his / her Erasmus stay in Düsseldorf.

The studies of medicine at our university comprise _____ years in total.

I am aware of the fact that the applicant can only be admitted to the clinical rotations if he / she is in his / her final year of studies and by signing this document I confirm that he / she fulfills the criteria on the checklist.

Name: _____

Function: _____

University: _____

Place, date: _____

Signature: _____

Official seal / stamp: