



Vrije Universiteit Brussel

Faculteit Geneeskunde en Farmacie

Faculty secretariat – student department – Laarbeeklaan 103 – 1090 BRUSSEL

Phone number: 02 477 41 10 – fax number: 02 477 41 59

Application internship abroad

Please return the original and fully completed form to the faculty secretariat – Student department – the latest 2 months before the beginning of the practical training. Save a copy of this form in your practical training map.

For an in time administrative handling, a copy can be send by fax to the faculty secretariat (+32 (0) 2/477.41.59).

Name:

First name:

Academic Year: 2, 3, 4 Master Medicine

Period of practical training (month and year):

Department:

Specialism:

Hospital (the complete address and phone/fax number):

Name (and, if available, e-mail address) from the contact person / supervisor:

Signature from the student

Agreement from the supervisor
(signature and stamp)

Date: ____/____/____

Date: ____/____/____

Signature teacher training

Date: ____/____/____