

Letter of Letter of Intent

Please return to clinicalfellowship@medunigraz.at

After careful investigation of CV and motivation letter presented by the potential Clinical Fellow (personal data see below) a

Clinical Fellowship

under supervision within a period of min. 3 to max. 12 months will be supported by the

Department:	<input type="text"/>
Head of clinical department:	<input type="text"/>
Division:	<input type="text"/>
Head of division:	<input type="text"/>
Supervisor:	<input type="text"/>
for the period of time from	<input type="text"/> to <input type="text"/>

provided all compulsory data and documentation will be approved affirmatively by the respective authorities/institutions and the Medical University of Graz/LKH-Univ. Klinikum Graz.

Personal data applicant:

Family name:	<input type="text"/>	First name:	<input type="text"/>
Title:	<input type="text"/>	Date of birth:	<input type="text"/>
Nationality:	<input type="text"/>	Gender:	<input type="checkbox"/> female <input type="checkbox"/> male <input type="checkbox"/> other
Email:	<input type="text"/>		

This Letter of Intent does not connote any commitment for attending our Fellowship programme at this point of time. It only initiates the internal approval procedure! Upon approval of the Clinical Fellowship, an agreement between all participating parties will be drawn up.

Date:

Name and signature
Head of Institute/Department
Stamp of Department

Name and signature
Head of Division