

Student Teaser Fellowship

Acceptance by host department

Institution/ Hospital + Department:

Head of department:

Mentor during fellowship project:

Complete Address:

Telephone:

E-mail mentor:

Name of Applicant (Student): _____

has been accepted to visit our department for a duration of 4 weeks in the framework of the EAN Student Teaser Fellowship programme.

Brief description, aims & specific involvement of applicant at our department
(if possible):

Expected date of beginning:

Duration of stay *(if longer than 4 weeks):*

Additional support provided by the host institution *(if existing):*

After the participant has finished his/her fellowship stay, I will complete the provided electronic evaluation form.

.....
Date

.....
Signature host department