



University of Cologne
Medical Faculty

TRAINING AGREEMENT
FOR FINAL-YEAR MEDICAL STUDENT ELECTIVE
under the supervision of experienced medical staff

ACADEMIC YEAR 20 - 20

I. PERSONAL DETAILS OF THE STUDENT

Name of the student: _____
Date and place of birth: _____
Address: _____
Country: _____
E-mail: _____

II. SENDING INSTITUTION

Sending Institution: Faculty of Medicine, University of Cologne
Address: Faculty of Medicine, University of Cologne
ZIB Med / Centre for International Relations
Joseph-Stelzmann-Str. 20 50931 Cologne
Country: GERMANY
Coordinator: Dr. Benjamin Köckemann
E-mail: zibmed@uk-koeln.de

III. DETAILS OF THE PROPOSED CLINICAL TRAINING PROGRAMME ABROAD

Host organisation: _____
Country: _____
Placement description: Final-year medical student elective under the supervision of experienced medical staff
Type of rotation: _____
Elective Period: _____

IV. COMMITMENT OF THE THREE PARTIES

THE STUDENT

Date:
Student's signature:

UNIVERSITY OF COLOGNE

We confirm that this proposed training agreement is approved.
The placement is obligatory for final-year medical students in Germany and part of the curriculum.
Date:
Coordinator's signature:

THE RECEIVING INSTITUTION

We confirm that this proposed training programme is approved.
On completion of the clinical elective the organisation will issue a certificate to the student.
Date:
Coordinator's signature: