

to:
Hessisches Landesprüfungs- und
Untersuchungsamt im Gesundheitswesen
Walter-Möller-Platz 1
FRG-60439 Frankfurt am Main

Certificate

This is to certify that

_____ name and surname

_____ date of birth

is/was granted the same status, duties and responsibilities as our own matriculated final (5th/6th) year students of our university during the period of training.

Although for him/her it is/was not possible to matriculate as an ordinary student of medicine at our university in this time.

He/She was attended to the following departments:

_____ from _____ to _____ at _____ hospital
name of specialty

_____ from _____ to _____ at _____ hospital
name of specialty

_____ from _____ to _____ at _____ hospital
name of specialty

The above named hospital/s is/are an associated hospital/s of our university.

The student has/had the same practical training formal and in its contents identical with the practical training of our fully matriculated final year students at our university.

_____ place and date

Seal of University

Signature of dean, subdean or registrar