

Medizinische Universität Innsbruck/*Innsbruck Medical University*
Abteilung für Lehre und Studienangelegenheiten/
Department for teaching and study matters
Speckbacherstr. 31-33
A - 6020 Innsbruck



MEDIZINISCHE UNIVERSITÄT
INNSBRUCK

The document has to be sent to:
Abteilung für Internationale Beziehungen /
International relations office
Schöpfstraße 45
A – 6020 Innsbruck

Joint Study Certificate

(only to be used by candidates selected under an agreed Joint Study exchange and to be completed by the coordinator of the sending institution)

SENDING INSTITUTION

.....

COORDINATOR AT THE SENDING INSTITUTION

Name:

Address:

Tel./Fax/E-Mail:

I confirm that Ms/Mr

.....

(name of student)

has been nominated as a Joint Study student to study the following subject:

..... Subject Area Code:

at Innsbruck Medical University during the academic year of 200__/200__ for the period of

..... (month) (year) to (month) (year).

Her/his command of German (spoken and written) is sufficient to study successfully at Innsbruck Medical University.

Date:

Signature of home university coordinator:

Institutional seal: