



LUDWIG-
MAXIMILIANS-
UNIVERSITÄT
MÜNCHEN

FACULTY OF MEDICINE
INTERNATIONAL OFFICE



Certificate of completion of a clinical internship International exchange students

Type of internship

Section 1: To be filled out by the student

The medical student

Name	Student ID at LMU

underwent practical clinical experience under my supervision
in the following institution:

Hospital/Institution
Department
Address

From (start date)	Until (end date)

Total hours

During this time, the student particularly worked in the following field:

Clinical field

Section 2: To be filled out by the hospital

ECTS credits and LMU grade awarded for this clinical internship (if applicable):

1 ECTS (European Credit Transfer System) credit $\hat{=}$ 25-30 working hours

ECTS credits	LMU grade

	Name:	
	Signature:	
Date	Supervising physician	Official stamp