

Student Teaser Fellowship 2022

**Acceptance by host department**

Institution/ Hospital + Department:

Head of department:

Mentor during fellowship project:

Complete Address:

Telephone:

E-mail mentor:

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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 Date Signature Head of host department