

Visiting International Medical Students Application Form
Department of Neurosurgery, University Hospital Tübingen

First Name(s) Last Name(s) <small>(Please print your name as shown on your passport)</small>	
Date and place of birth	
University	
Preferred start date Preferred end date	
Email	
Home address	
Home phone Mobile	
Other information (e.g. special interest)	

Medical students may apply as an observer through email

susanne.efferenn@med.uni-tuebingen.de

and send the resume (+student ID) and a cover letter as an attachment.