

Clinical rotation in 3rd year of master In a foreign faculty

Name of the student : _____ First name : _____

Quadrimester : _____ Dates (from-to): _____

Species : _____ Host faculty/school: _____

Contact (+address) : _____

Host faculty/school details : _____

Clinical rotation (multidisciplinary formation except medical imaging, aliments and autopsy).

Proposed program (**attention:** This program consists of 13 weeks and minimum 500 hours):

Number of weeks	Name	Number of hours per days/weeks

Student's signature	Contact or responsible person in the host faculty/school's signature
Date :	Date :