



MEDIZINISCHE FAKULTÄT HEIDELBERG

Medizinische Fakultät Heidelberg | Studiendekanat | Im Neuenheimer Feld 346 | 69120 Heidelberg

Dear student,

Thank you for your interest in taking a clinical elective for **students year 3-5 (Famulatur)**, at Heidelberg University Medical School. Enclosed please find an application form and a list of clinical electives available at our faculty.

Application: Attached please find the application form (page 3 +4). Your faculty has to support your application, the form has to be signed and sealed by the school official. Please submit exclusively original documents. Please attach your Curriculum Vitae, Language Certificate, Vaccination Certificate and Insurance Certificates. We accept only students, who are officially enrolled in a medical school and who have not yet completed the medical school or equivalent in medicine (no post-graduates). For the short time of your elective you will not be enrolled at Heidelberg University.

Deadline: Please apply 6 months in advance of the start of the elective.

Elective Dates: In general, electives begin on the first day of the month and conclude on the last day of the month (4 weeks). Special time arrangements can be considered subject to approval of the instructor.

Tuition: No tuition is required for clinical electives

Housing: Unfortunately we cannot arrange accommodation. Once you are admitted, we can send you a list of links for housing facilities.

Living cost: Your expenses including lodging will amount to approximately € 720 per month. Students from countries outside of the European Union must provide proof of adequate financial resources. We are not able to provide free housing or financial support for guest students.

Knowledge of German: We can only admit applicants who have intermediate knowledge of German and we require B2 (UniCert Level 2). Please add to the application documents a certificate of your language proficiency signed by a University official, a member of a recognized language school or a member of Goethe Institut. The better your German is, the more you will profit from your experience in Heidelberg.

Insurances: You are responsible for your malpractice, personal liability and personal health insurance. Please make sure that such insurances are valid in Germany.

Vaccination: Please submit a current vaccination certificate (Tetanus, Diphtheria, Pertussis, Polio, Measles, Mumps, Rubella, Varicella, Hepatitis B)

Prof. Dr. Sabine Herpertz
Dean of Studies
Contact: studiendekanin@med.uni-heidelberg.de



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List of clinical electives available

Medicine

- endocrinology
- cardiology, angiology
- gastroenterology
- hematology, oncology
- nephrology
- pulmonology
- geriatrics

Surgery

- general surgery
- trauma surgery
- cardiac surgery
- pediatric surgery
- urology
- orthopedics
- neurosurgery
- anesthesiology

Pediatrics

Gynaecology/Obstetrics

Psychiatry

Radiology

- diagnostic radiology
- general radiology and radiotherapy

Ear-Nose-Throat



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APPLICATION FORM FOR ADMISSION TO ELECTIVES FOR MEDICAL STUDENTS (Year 3-5)

Student Name: _____ Student First Name: _____

male female Date of birth: _____

University (name, city, country): _____

Student Home Address: _____

Nationality: _____

E-mail: _____

Elective for which you are applying (4 weeks):

Subject: _____

Date: _____ to _____ (dd/mm/yy)

Knowledge of German:

intermediate (B2) good (C1) very good (C2) mother tongue

Malpractice and personal health insurance are in effect while I am attending my elective.

I understand that once I have been accepted, I recognize a commitment to this elective and will not withdraw without providing written notice well in advance of the starting date indicated above. Two weeks before starting my elective I will contact my clinical supervisor or the contact person in the clinical administration.

Date _____ Student Signature _____

**Curriculum Vitae, language certificate and vaccination certificate are attached
(no language certificate required for students with mother tongue German)**



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To be completed by your Faculty:

Student Family Name: _____ Student First Name: _____

The student named above is a _____ year medical student in good standing at this institution.

A report is / is not required at the conclusion of the elective.

Assessment of academic ability:

Assessment of character and conduct:

Authorized by:

Signature: _____

Name/Title/Function: _____

University/Institution/Country: _____ (Stamp/Seal)

Application please mail to:

Prof. Dr. Sabine Herpertz
Dean of Studies
Im Neuenheimer Feld 346
69120 Heidelberg
Germany