

Erasmus – Life Long Learning Program

Name:

Surname:

Date of arrival:

Date of departure:

Attendance in the clinics:

Week 1: Clinic:	Week 8: Clinic:
From (dd/mm): /	From (dd/mm): /
Till: (dd/mm): /	Till: (dd/mm): /
Name of clinic responsible:	Name of clinic responsible:
Signature of clinic responsible:	Signature of clinic responsible:
Week 2: Clinic:	Week 9: Clinic:
From (dd/mm): /	From (dd/mm): /
Till: (dd/mm): /	Till: (dd/mm): /
Name of clinic responsible:	Name of clinic responsible:
Signature of clinic responsible:	Signature of clinic responsible:
Week 3: Clinic:	Week 10: Clinic:
From (dd/mm): /	From (dd/mm): /
Till: (dd/mm): /	Till: (dd/mm): /
Name of clinic responsible:	Name of clinic responsible:
Signature of clinic responsible:	Signature of clinic responsible:
Week 4: Clinic:	Week 11: Clinic:
From (dd/mm): /	From (dd/mm): /
Till: (dd/mm): /	Till: (dd/mm): /
Name of clinic responsible:	Name of clinic responsible:
Signature of clinic responsible:	Signature of clinic responsible:

<p>Week 5: Clinic: From (dd/mm): / Till: (dd/mm): / Name of clinic responsible: Signature of clinic responsible:</p>	<p>Week 12: Clinic: From (dd/mm): / Till: (dd/mm): / Name of clinic responsible: Signature of clinic responsible:</p>
<p>Week 6: Clinic: From (dd/mm): / Till: (dd/mm): / Name of clinic responsible: Signature of clinic responsible:</p>	<p>Week 13: Clinic: From (dd/mm): / Till: (dd/mm): / Name of clinic responsible: Signature of clinic responsible:</p>
<p>Week 7: Clinic: From (dd/mm): / Till: (dd/mm): / Name of clinic responsible: Signature of clinic responsible:</p>	<p>Week : Clinic: From (dd/mm): / Till: (dd/mm): / Name of clinic responsible: Signature of clinic responsible:</p>