

◆ **Appendix**

Authorisation by the Dean of Host University

- **Hospital:** _____
- **Affiliated University (if necessary) :** _____
- **Department / Service :** _____

- **Address - Country:** _____

- **Telephone :** _____
- **Fax:** _____
- **E-mail:** _____

I hereby confirm (Name of Dean): _____
subject to the approval of the International Relations Commission of the Faculty of Medicine of
the Université Paris Diderot, to welcome into my department:
- Mr/Ms : _____
Student registered in Year ___ of his/her medical studies at the University Paris Diderot
- Speciality :
- Academic program :

- Supervision :

- Medical placement from _____ until _____ .

Date, Signature :
Dean of the Home Faculty

Official University Stamp: