Università della Svizzera italiana Faculty of Biomedical Sciences



## Personal form CandMed programme

Student name and surname  Enrolment number			
Please fill in the table following the chronological order of the stations:			
Time span (date of beginning and date of end)	Hospital / clinic / institution	Responsible doctor's name (after completion of the position)	Responsible doctor's signature (after completion of the position)
Date of submission			
Student's signature		Dean's Office	