

To whom it may concern

Bearbeitung: Christin Seidel
Telefon: 0351 458-4887
E-Mail: med-studek_pj@tu-dresden.de
Datum:

Letter of Recommendation

The student _____ born on _____ in _____
has been enrolled at TU Dresden, Carl Gustav Carus Faculty of Medicine since _____.

The student is currently enrolled in the ____th year of study.

The student is in good standing and fluent in English.

Since _____ has acquired basic medical knowledge - both theoretically and practically -
the student will certainly cope with the work involved in an elective at your hospital and benefit a
great deal from this experience.

I support without reservation this student's application for an elective at your department.

Christin Seidel
Officer Final Year Rotation Unit
Medical Faculty TUD Dresden University of Technology