

MAX KADE CLINICAL CLERKSHIP IN AUSTRIA FINAL REPORT FORM for US STUDENTS



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| Instructions for preparing this report: | | | | |
| <ul style="list-style-type: none"> • Prior to departure from Austria, each fellow is required to send a final report to the Executive Director of the American Austrian Foundation at: max.kade@americanaustrianfoundation.org • The report must be submitted in electronic form and must address each of the underneath listed points. Minimum length: 1.5 pages. Thank you. | | | | |
| Personal Information | | | | |
| First / Last Name: | | | | |
| Date & Place of Birth: | | Gender: | Female | Male |
| Address: (Street, City, Zip Code, Country) | | | | |
| Personal E-mail: | | | | |
| Professional E-mail: | | | | |
| Professional Information | | | | |
| Home University: | | | | |
| Dates of stay in Austria: | | | | |
| Host Institution and Department in Austria: | | | | |
| Mentor: | | | | |
| On a separate sheet of paper, please address the following questions fully and in the order in which they appear below. | | | | |
| <p>1. Activities Undertaken: Briefly summarize your daily activities.</p> <p>2. German language course: How did you like the German class? Was it helpful in terms of your hospital work?</p> <p>3. Influence: How has this fellowship broadened your knowledge of Austrian medicine and culture? How do you think this experience will influence your professional life?</p> <p>4. Recommendations: What suggestions or recommendations do you have to improve the operation or administration of the Max Kade Clinical Clerkship Program?</p> <p>5. Fellowship Experience & Influence on Thinking: In what ways, if any, has your thinking been influenced by your experiences on this fellowship? Please explain. Describe any new perspectives you have encountered as a result of the fellowship. Why would you recommend this program to other Students?</p> | | | | |

Date

Signature

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