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



Instructions for preparing this report:

- **Prior to departure** from Austria, each fellow is required to send a final report to 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:	Male	Female	Diverse
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, pwhich they appear below.	please address the followi	ng questi	ons fully a	nd in the o	rder in
1. Activities Undertaken: Briefly summarize your daily activ	vities.				
2. German language course: How did you like the German class	ss? Was it helpful in terms o	of your hos	spital work?		

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?

4. Recommendations:

What suggestions or recommendations do you have to improve the operation or administration of the Max Kade Clinical Clerkship Program?

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?

Date Signature	
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