External lab rotations for students of the Major "Infectious Diseases"

This documentation has to be filled in by the head of the external laboratory. For acceptance, the filled-in form has to be sent to the coordinator of the Major, Prof. Ralf Bartenschlager at least 4 weeks before the planned start of the external lab rotation.

Institute/Company:				
Supervisor:				
Name of student:				
Duration of the lab rotation	on (from – to):			
Title of the project:				
Short description of the s	ubject (around half a	page):		
We guarantee the superv submission of the protoc Major Infectious Disease	ol to us and the prov	ision of a writte	n protocol that can b	e evaluated by the
Date:	Signature:		(Seal)	

Please send this form to the following address:

Ilka.Rebhan@med.uni-heidelberg.de

Dr. Ilka Rebhan

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