To:

University Medical Center Hamburg-Eppendorf (UKE)

Faculty of Medicine/ Dean’s Office for Student Affairs

Martinistr. 52

20246 Hamburg, Germany

[city, date]

**Letter of Support**

Dear Sir or Madam,

With regard to the student’s application for a final-year clinical elective at your institution, this is to confirm that the student [first name last name] born on [date] in [city, country]

* is currently enrolled in our medicine degree program and in good academic standing
* will be in her/his final year of studies at the time of the elective
* is approved of completing the elective at UKE or at one of its academic teaching hospitals

Remarks:

[XXX]

Your sincerely

[First name last name, position]