

Course Participation Authorization

To be completed by the Tutor or Head of the applicant's department

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- Surname/Name of the Tutor or Department Head:

 - Name of the Department:

 - Institution to which the department belongs:

 - Contact phone/email:

I hereby confirm that Dr. _____

is/has been a trainee in this department and has been a neurosurgery specialist student for years and enjoys a good clinical and academic reputation.

I further confirm that the applicant's knowledge of English is sufficient to participate in all aspects of the training courses.

Signature of the Tutor/Head of Service:
