



(Name and Surname)

Krakow, _____ r.
(Date)

FACULTY OF MEDICINE AND HEALTH SCIENCES

Field of study: Medical programme-studies in English

Student's ID number: _____

Year of studies: _____ Semester: _____

Full-time studies

Level of studies: long-cycle Master's degree

Prof. KAAFMDr Janusz Ligeza
The Dean of the Faculty of Medicine and Health Sciences
Andrzej Frycz Modrzewski Krakow University

I kindly ask for approval to the individual implementation of the summer clerkship in the academic year _____

Summer clerkship in (field of clerkship): _____

Place (Medical Entity) of clerkship implementation: _____

Term of clerkship implementation: _____

(student's signature)

Attachments to the application:

1. _____

2. _____

Dean's Office comments: _____

Dean's decision: Pursuant to § 6 point 3 of the Rules and Regulations for Professional Clerkships at the Faculty of Medicine and Health Sciences of Andrzej Frycz Modrzewski Krakow University *I agree / do not agree** to the individual implementation of the summer clerkship in the academic year _____

Justification of the rejection: _____

Krakow, (date) _____ Dean's signature and seal: _____

Instruction:

This decision may be appealed to the Rector of the Andrzej Frycz Modrzewski Krakow University through the Dean of the Faculty of Medicine and Health Sciences within 14 days of the decision reception.

I acknowledge the receipt of the decision: _____

(date and student's signature)

* cross out irrelevant