		Krakow,	r.
(Name and Surname)			(Date)
FACULTY OF MEDICINE			
Field of study: Medicine -studies in English			
Student's ID number: Year of studies: Semester:			
Full-time studies			
Level of studies: long-cycle Master's degree			
	Prof. UAFM dr Jan The Dean of the Fac Andrzej Frycz Mod	culty of Medicine	niversity
I kindly ask for approval to the indi			
Summer clerkship in (field of clerkship):_			
Place (Medical Entity) of clerkship implen	nentation:		
Term of clerkship implementation:			
		(stu	dent's signature)
Attachments to the application:			
1.			
2			
Dean's Office comments:			
Dean's decision: Pursuant to § 6 point 3 of of Medicine and Health Sciences of Andrzej	Frycz Modrzewski Krako	ow University I agree	e / do not agree* to the
individual implementation of the summer cle			
Justification of the rejection:			
Krakow, (<i>date</i>)	Dean's signature and seal	:	
Instruction: This decision may be appealed to the Recto Dean of the Faculty of Medicine within 14 d			University through the
I acknowledge the receipt of the decision:			
		student's signature)	

^{*} cross out irrelevant