_____     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

**dr Janusz Ligęza**
**The Dean of the Faculty of Medicine**
**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 within 14 days of the decision reception.

I acknowledge the receipt of the decision:_____
(*date and student's signature*)

\* cross out irrelevant