

Application was submitted in the dean's office:

(Date, signature and stamp of employee of the dean's office accepting application forms)

..... on:

Surname and first name:

Index no.:

Major:

Specialization:

Level of studies:

Form of studies:

Profile of learning

Date of commencement of studies:

Year of studies:

Telephone/email in the @365.sum.edu.pl

Domain: Address of correspondence:

**Dean
of the Faculty of Medical Sciences in Katowice
Medical University of Silesia
in Katowice**

APPLICATION FOR CONSENT TO ATTEND SUMMER CLERKSHIP

I hereby kindly request the approval to attend summer clerkship in

.....
(full name of the unit)

from to

Student signature

I grant consent/do not grant consent *

Date and signature of authorized person

* delete as appropriate