

**Clinical Training outside Poland
Request Form**

**To: The Dean
of the School of Medicine in Katowice
Medical University of Silesia**

I, _____, request an approval to attend my clinical rotations
at _____ from _____.
Name of Hospital Beginning date

Hospital address: _____

Phone: _____ **Fax:** _____ **E-mail:** _____

My USMLE Score is as follows: _____
Step I Step II

Please kindly consider my request for the above clinical training.

Sincerely,

Student's signature Date

Address: _____

Phone: _____ **Fax:** _____ **E-mail:** _____

FOR DEAN'S OFFICE USE ONLY

Approved / Disapproved

Signature of School Official Name and title Date