

# Clinical Training outside Poland Request Form

To: **The Dean  
of the Faculty of Medical Sciences in Katowice  
Medical University of Silesia**

I, \_\_\_\_\_, request an approval to attend my clinical rotations  
name of student

in the field of \_\_\_\_\_ for a total number of weeks: \_\_\_\_\_  
name of rotation

at \_\_\_\_\_  
full name and address of hospital

from \_\_\_\_\_ to \_\_\_\_\_  
beginning date ending date

My USMLE Score is as follows: \_\_\_\_\_  
Step I Step II

Please kindly consider my request for the above clinical training.

Sincerely,

\_\_\_\_\_  
student signature date

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

---

## FOR DEAN'S OFFICE USE ONLY

**Approved / Disapproved**

\_\_\_\_\_  
Signature of School Official Name and title Date