

Application was submitted in the dean's office:

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

Appendix no. 12 to
Ordinance no. 157/2024
from 18 September 2024.

..... 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 would like to 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