

Application was submitted to the Dean's Office:

\_\_\_\_\_  
(date, signature and stamp of Dean's Office employee)

....., date .....

Name of student : .....  
Student ID number : .....  
Major of studies : .....  
Year of studies : .....  
Phone/E-mail: : .....  
Mailing address : .....

**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

**Approved / Not approved \***

\_\_\_\_\_  
Date and Dean's signature

\*delete as appropriate