



**APPLICATION  
FOR SUMMER CLERKSHIP  
AT JAGIELLONIAN UNIVERISTY MEDICAL  
COLLEGE**

**The application form must be delivered to the School Office  
at least 6 weeks prior to clerkship start date.**

**STUDENT INFORMATION**

<b>Surname</b>	
<b>First and middle name(s)</b>	
<b>Year of study *</b>	
<b>Program</b>	

\*at the time of completing the clerkship

**SUMMER CLERKSHIP INFORMATION (full weeks only)**

<b>Clerkship start date (dd/mm/yyyy)</b>	
<b>Clerkship end date (dd/mm/yyyy)</b>	
<b>Medical field of the clerkship**</b>	
<b>Comments (if applicable)</b>	

\*\*Please choose from the following:

**MD program:**

Nurse assistant; Family Doctor and Emergency Medicine; Internal Medicine; Emergency Medicine; Pediatrics and Surgery with Emergency Medicine; Obstetrics and Gynecology with Pediatrics and Intensive Care.

**DDS program:**

Health care organization, General surgery, internal diseases or maxillo-facial surgery, Dental assistant, Dental surgery – part 1, Dental surgery – part 2

**VERIFICATION**

<i>I hereby acknowledge my obligation of contacting the School Office in the case of foregoing the planned clerkship not later than 2 weeks prior to the scheduled start date of the clerkship.</i>	
Signature	Date

**Instructions:** Please TYPE in all required information. Incomplete forms will NOT be recognized by the JU MC SME. Information regarding Department and name of the supervisor will be sent to you via e-mail.

**Contact information:** Joanna Florczyk, School Office, School of Medicine in English JUMC, ul. św. Anny 12, 31-008 Kraków, Poland; e-mail: [jflorczy@cm-uj.krakow.pl](mailto:jflorczy@cm-uj.krakow.pl); phone no.: +48 12 422 80 42; fax no.: +48 12 421 28 69