



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

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

STUDENT INFORMATION

Surname	
First and middle name(s)	
Year of study *	
Program	

*at the time of completing the clerkship

SUMMER CLERKSHIP INFORMATION (full weeks only)

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

**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: School Office, School of Medicine in English JUMC, ul. św. Łazarza 16, 31-530 Kraków, Poland; e-mail: smeoffice@uj.edu.pl, phone no.: +48 12 422 80 42