School of Medicine in English
Jagiellonian University Medical College
Faculty of Medicine

CLINICAL TRAINING

APPLICATION FORM

STUDENT INFORMATION

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

**At the time of completing clinical training*

CLINICAL TRAINING INFORMATION

Course**					
start date (dd/mm/yyyy)			end date (dd/mm/yyyy)		
No. of weeks		No. of hours		ECTS	

***Please choose from the following:*

Clinical Training: *Internal Medicine; Surgery; Pediatrics; Obstetrics and Gynecology; Psychiatry; Family Medicine; Emergency Medicine; Clinical Elective*

Hospital information			
Name of the Hospital			
Affiliation with University			
City		Country	
Street		Number	
Phone number			
Supervisor contact information			
Name and Title			
E-mail		Phone No.	

VERIFICATION (all fields mandatory)

I hereby certify that all the above information is correct to the best of my knowledge and that the student is accepted for the clinical training in compliance with the JU MC SME requirements (see attached)		Institution's stamp
Supervisor Signature	Date	

Instructions:
Please TYPE in all required information. Incomplete forms will NOT be recognized by the JU MC SME. Official stamp of the hosting institution is REQUIRED for the form to be recognized as an official document. Please do not use whiteout. Any corrections on the form should be verified with a stamp, date and initials.
Please confirm with a stamp and signature program of the clinical training attached to this form.
Please return both forms to the JU MC to get official Dean's permission for clinical training
Contact information: *Jagiellonian University Medical College, Faculty of Medicine, School of Medicine in English, ul. św. Łazarza 16, 31-530 Kraków, Poland; e-mail: smeoffice@uj.edu.pl ;; phone no.: +48 12 422 80 42*