



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

**DDS Program**

**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:

**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: [maria.rabsztyn@uj.edu.pl](mailto:maria.rabsztyn@uj.edu.pl), phone no.: +48 12 422 80 42