..... (Place, date) (Student's surname and first name) (Register No.) (year/faculty/major/) **REQUEST** for consent to organize an internship on one's own I hereby ask for your consent to do an internship in name and address of the Facility in the period in accordance with the attached internship program. At the same time, I grant consent for transferring my personal data by the University contained in the application to the Entity, referred to above, in order to obtain consent for the implementation of the internship in accordance with the request. date and student's signature Consent of the Facility in which the internship will be conducted: I give/do not give my consent *for the below-mentioned student to do an internship in accordance with the attached internship program by the student..... name and surname name and address of the Facility date, seal, signature of the director/head of the Facility Decision of the Dean in the scope covered by the request I give/do not give my consent for the student to do the internship * **Justification** (in case of the lack of consent)..... date and Dean's signature

Appendix No. 4

of 29 January 2020

to the Regulation No. 28/XV R/2020 of the Rector of the Medical University

^{*} underline the appropriate option