Appendix No. 4 to Regulation

No. 28/XV R/2020 of the Rector

of the Wroclaw Medical University

of 29th January 2020

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................................................................ (place, date)

(student’s name and surname)

..................................................................

(index No.)

................................................................

(year/Faculty)

**REQUEST**

**for Dean’s permission to organize summer apprenticeship in a chosen place**

Hereby I apply for a permission to do my summer apprenticeship in:

.................................................................................................................................................................................................................................

                               (Name and address of health center/clinic/institution)

in the period…………………………................................according to the attached apprenticeship program.

At the same time I authorize the University to transmit my personal data to the aforementioned institution in order to obtain permission to realize the apprenticeship as requested.

            ..........................................

Date and student’s signature

**Approval of the host institution** :

## Hereby I give my approval for realization of a summer apprenticeship according to the attached program by a student

## Ms./Mr.: ...................................………………………………........................................................................…………

## ( name and surname of a student)

## ……..........................................................................…......................................................................................................................................

## (Name and address of the institution)

## 

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date, stamp, signature of Institution’s Head/Director

**Dean’s decision**

I give my permission /I do not give my permission to realize apprenticeship in the above mentioned institution

**Justification** (in case of refusal)………………….……………………………………………

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Dean’s signature/date