Summer Internship Coordinator information sheet

Academic title / degree, name and surname …….

Name of medical entity ……

Coordination of the student internship after Year……

in the area of ……

Name and surname of the Student whose internship was coordinated
……
……, student registration no.……

No.	Information about the Summer Internship Coordinator (in the place of the internship)	
1.	Specializations	Yes (which ones?) ……. ……. …….
		No
2.	Academic title / degree	Doktor habilitowany
		PhD
		Doctor
		Master's degree
		Bachelor degree
		Other
4.	Experience	Above 5 years
		3-5 years
		Below 3 years
5.	Experience in developing practical skills in candidates for doctors	Yes
		No

Other information about the summer internship Coordinator for the students of the Faculty of Medicine MUW
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…… ……
Date and place Stamp and signature of the Internship Coordinator

OPINION

The Internship Coordinator fulfills the requirements necessary for coordinating summer internships for the students of the Faculty of Medicine MUW

Date……. Signature and stamp of the MUW Internship Supervisor