.....

(Place and date)

.....

(Student's name and surname)

.....

(Student registration no. / Year)

……

(Phone number)

REQUEST

for a consent to organize a summer student internship on one's own:

Faculty of Medicine

I hereby request a permission to have a summer student internship in

.....

(Name and address of an Institute/Medical Facility)

in the period ..... according to the attached internship program.

.....

(Date and Student's signature)

A Summer Internship Coordinator in the Institute/Facility where the internship is supposed to take place

(to be filled in by the Student)

Name and surname .....

Phone / Fax .....

Opinion of the Summer Internship Supervisor of the Faculty of Medicine

I hereby give my consent for the internship / **I hereby do not give my consent** for the internship

Justification (if there is no consent) ……

……

……

(Date and signature of the Internship Supervisor)