

.....  
(date)

### 6th Year Specialty Agreement

I, ....., acknowledge and agree that I will not be financially compensated by the Medical University of Warsaw for allowing ..... to complete their 6<sup>th</sup> year clerkship outside of the designated departments and time block between April and June.

Student name: .....

Student index number: .....

Place of internship: .....

Stamp and signature of specialty supervisor: .....

Department's stamp: