



UNIVERZITA KARLOVA
Lékařská fakulta v Plzni
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IČO: 002 16 208

APPLICATION FOR PERMISSION TO COMPLETE THE PRACTICAL PART OF THE COURSE AT A HOSPITAL OTHER THAN THE UNIVERSITY HOSPITAL PILSEN

NAME OF THE COURSE

STUDENT

student of the sixth year of the General Medicine programme, herewith apply for permission to complete the practical part of the course of weeks duration at

NAME OF HOSPITAL

ADDRESS OF HOSPITAL

I am fully aware of the conditions stated in the Vice-Dean's ruling of 29. 6. 2012 and will follow the requirements.

STUDENT'S SIGNATURE

DATE

Approved by

HEAD OF THE DEPT. UNIVERSITY HOSPITAL PILSEN

DATE

SIGNATURE

VICE-DEAN (ACADEMIC) FACULTY OF MEDICINE IN PILSEN

DATE

SIGNATURE