



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'S ID

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

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

