

Application for Clinical Training at foreign hospital

To: **The Dean of
The Faculty of Medicine, Collegium Medicum, University of Rzeszów**

I, _____, request an approval to attend my clinical rotations
name of student

in the field of _____ for a total number of weeks: _____
name of rotation

at _____
full name and mailing address of hospital

from _____ to _____
beginning date ending date

My USMLE Score is as follows (*if applicable*):

_____ Step I

_____ Step II

Student signature

Date

FOR HOSPITAL USE ONLY

☐ Approved for above clerkship to be performed in accordance with attached syllabus

☐ Disapproved for above clerkship

I hereby assign a Program Director:

Name and e-mail address

Name, title and signature of Hospital Authority

Hospital stamp

Date

FOR DEAN'S OFFICE USE ONLY

Approved / Disapproved

Signature of School Official

Name and title

Date

IMPORTANT NOTE: This Application Form will not be considered by the Dean before hospital's verification.