

.....
Student's name and surname

.....
Place, date

.....
Field, year and form of study

.....
Phone number

.....
Name and address of the Hospital

I am asking you kindly for your consent to the apprenticeship
with (type of practice / subject) in the dimension of (number of
hours of apprenticeship), from to

.....
.....
(justification of the student's request)

Yours sincerely,

Hospital stamp
or exact details -
Hospital name and full address

.....
Place date

Mr / Ms

.....
(student's name and surname)

Consent to internships

In response to Your request, I agree to complete Your apprenticeship in the field of:
..... (type of internship)
in the dimension ... (number of hours of apprenticeship) within:
from to
(not earlier than the start of the new academic year)

I hereby assign a internship supervisor: Mr. / Mrs.
The designated Internship Supervisor meets the requirements:

I declare that clinical practice will be implemented in
..... (hospital section / unit) .

.....
stamp, signature of the authorized person