

Bydgoszcz,
(date)

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(student's name, student ID number and year of study)

Dr Adam Wawrzeńczyk
Summer Work Placement Coordinator
Faculty of Medicine
NCU Collegium Medicum
via
Prof. dr hab. Arkadiusz Jawień
Director
Centre for Medical Education in English
NCU Collegium Medicum

REQUEST

I would like to request approval to do my work placement outside Bydgoszcz/Poland in accordance with the requirements included in the plan of study at the following institution:

- name of the place/hospital/clinic:
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- name of the ward:
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- address of the place/hospital/clinic:.....
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.....
- name of the supervisor:
supervisor's specialization and license number
supervisor's e-mail and phone no.:

I also would like to request approval to do the work placement in accordance with the work schedule of the above-mentioned institution, if need be.

I oblige myself to complete the number of hours required by the Plan of Study regardless of the number of weeks of my work placement.

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(student's signature)

Decision of the work placement coordinator:

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