

Attn: Dean of Faculty of Medicine
Medical University - Plovdiv

A P P L I C A T I O N

Name, Surname:

Citizen ofstudent in: year

Faculty No....., Group, Specialty: "Medicine"

Address: Plovdiv,

E-mail:Phone number:

Dear Dean,

I would like to be allowed to complete my summer clinical training during a period of 30 calendar days with a total duration not less than 150 hours as follows:

22.07.2024 – 05.08.2024 incl.
/department/

.....,
/name and address of the medical institution /

citycountry

06.08.2024 – 20.08.2024 incl.
/department/

.....,
/ name and address of the medical institution /

city country.....

I am familiar with the requirements that for enrollment for the next year of study **the completed training must be registered and certified in the training diary and a certificate will have to be issued by the corresponding hospital.**

Signature:

Date:2024