



.....  
(Name and Surname)

Kraków, .....r.  
(Date)

**FACULTY OF MEDICINE AND HEALTH SCIENCES**

Field of study: Medical programme-studies in English

Student's ID number:.....

Year of studies:..... Semester:.....

Full-time studies

Level of studies: long-cycle Master's degree

**Prof. KAAFm dr Janusz Ligęza**  
**The Dean of the Faculty of Medicine and Health Sciences**  
**Andrzej Frycz Modrzewski Krakow University**

I kindly ask for organisation of the individual plan of studies based on postponement of the realisation of summer clerkship in.....  
(clerkship title)

.....

.....  
(student's signature)

Attachments to the application:

- 1. ....
- 2. ....

Dean's Office comments: .....  
.....  
.....

**Dean's decision:** Pursuant to § 13 of the Regulations of Studies at Andrzej Frycz Modrzewski Krakow University *I agree / do not agree\** for organisation of the individual plan of studies based on postponement of the realisation of summer clerkship.....

Justification of the rejection: .....  
.....  
.....

Krakow, (date) ..... Dean's signature and seal: .....

Instruction:

This decision may be appealed to the Rector of the Andrzej Frycz Modrzewski Krakow University through the Dean of the Faculty of Medicine and Health Sciences within 14 days of the decision reception.

I acknowledge the receipt of the decision: .....  
(date and student's signature)

\* cross out irrelevant