

|  |  |  |
| --- | --- | --- |
| **Application for International Mobility - IFMSA internship***Please, fill in and submit the application to the Foreign Department, Miss Stanislava Palowska, email:* *stanislava.palowska@lfmotol.cuni.cz****at least 14 days before your planned departure abroad.*** *In order to receive a financial support from the Faculty, your application must be approved in advance. At the same time, it is necessary to register your internship in the SIS online application. Thank you.* |  |  |
| **Surname:** |   |  |  |
| **First name (s):** |   |  |  |
| Study programme: |   |  |  |
| Year of study/ study group: |  |  |  |
| Email: |   |  |  |
| Mobile: |  |  |  |
| Destination – *country, city and host institution of your internship:*  |  |  |  |
| Dates/term – *from when till when you are planning to go abroad on IFMSA internship:* |  |  |  |
|  |  |  |  |
|  |
| *Upon my return I will submit a confirmation of the IFMSA internship (signed by the guarantor* *of the host institution).*  |
|  |  |  |  |
| Date: |  Signature: |  |  |
|  |  |  |  |
|  |  |  |  |