



## **Confirmation of summer internship completion**

**Name and surname of student:**.....

**Study program:** General Medicine

**Study year:** .....

**Practice of:**

- Nursing (2. study year)**
- Pediatrics (4. study year)**
- Internal medicine (4. study year)**
- Gynecology and obstetrics (5. study year)**
- Surgery (5. study year)**

**Period of internship (dates and hours):**.....

**Supervisor:**.....

**Date, signature and seal of clinic:**