



Confirmation of summer internship completion

Name and surname of student:.....

Study program: General Medicine

Study year:

Practice of:

- Nursing (2. study year)**
 - Nursing (3. study year)**
 - Fill in the subject that was part of the summer internship (4. and 5. study year)**
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Period of internship (dates and hours):.....

Supervisor:.....

Date, signature and seal of clinic: