



APPLICATION FORM
for dentistry students of the UPMS
to do obligatory summer practice abroad

This is to certify, that Mr/Ms _____, dentistry student of the UPMS is to complete the following obligatory summer practice:

- dental assistant (60 hours) – 1st year,
- dentoalveolar surgery (120 hours) – 3rd year,
- integrated dentistry (140 hours) – 4th year.

The student is granted permission by the course director to perform

- the whole practice
- a part of the practice (____ hours)

abroad.

name and signature of course director

The institution accepting the student for summer practice is to certify that the tasks listed in the completion form for the concerned practice are to be fulfilled under the supervision and guidance of the following department/supervisor:

CERTIFICATION OF ACCEPTING THE STUDENT FOR PRACTICE

This it to certify that Mr/Ms _____, dentistry student of the UPMS has been accepted to do his/her summer practice named above in the following department under the circumstances detailed in the completion form valid for the concerned practice.

Name of hospital / clinic / institution: _____

Ward: _____

Address of institution: _____

Signer of certificate: _____

Title of signer: _____

Date of issuing certificate: _____

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