**APPENDIX B**

**Registration for the summer group practices organized by the University for 2nd-4th year students**

**Places are allocated at the Academic Dental Polyclinic in Wroclaw, 26 Krakowska Street**

Name and surname :

year of study :

student's student record no:

University contact phone/mail:

preferred month of practice (July, August, September)

please enter one of the months :

THE INTERNSHIP SHOULD BE SINGLE, ENROLLMENT OPPORTUNITY STARTS **FROM 01.07.2024 TO 30.09.2024** (end of internship opportunity).

Please send your feedback along with the form to:

martina.gutbier@umw.edu.pl

ENROLLMENT DEADLINE TO **05.04.2024**

No applications will be accepted after this date