**Application Form**

**2 weeks summer clinical electives in Ukraine**

**Zaporozhye State Medical University**

Please complete the application form below in order to apply for placements and send via email roksana.struzik-galwa@umed.wroc.pl by **Friday 15th, June 2018**.

|  |  |
| --- | --- |
| **Name of student:****(first and last name)** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Faculty, year and field of study:** |  |
| **Preferable Clinics/Departments:** |  |
| **Requested period for 2 weeks of rotation:**(thick the right one) | **July****August** **September** |
| **Remarks:** |  |

Thank you for your application. Successful applicants will be contacted and more detailed information will follow at this stage.