

APPLICATION FORM

FOR THE COMPULSORY SUMMER PRACTICE

PLEASE COMPLETE IN BLOCK CAPITALS!

Student data:

Name of student:

Neptun code:

Year (please tick): 1st year 2nd year 3rd year 4th year

Name of summer practice (please underline):

- Nursing practice
- Internal Medicine summer practice
- Surgery summer practice

Department data:

Name of department:

Address of department:

Period of practice (please underline):

- 1st period (July 14-August 08, 2025)
- 2nd period (August 11-September 05, 2025)

Date:

Signature: