**Application Form**

**Summer clinical electives in Ukraine – Kharkiv National 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 25, May 2018**.

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| --- | --- |
| **Name of student:****(first and last name)** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Faculty, year and field of study:** |  |
| **Preferable Clinics/Departments:** |  |
| **Requested period for 4 weeks of rotations:**(Please thick the right one) | 2-27.07.2018 3-28.09.2018  |
| **Remarks:** |  |

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