



POZNAN UNIVERSITY OF MEDICAL SCIENCES
CENTER FOR MEDICAL EDUCATION IN ENGLISH

41, Jackowskiego Str.
60-512 Poznań, Poland
www.pums.edu.pl

Phone: + 48 61 854 71 43, (-47)
Fax: + 48 61 847 74 89
E-mail: cnja@ump.edu.pl

ELECTIVES REQUEST FORM

Name of the student:.....

Electives coordinator:.....

Department:.....

Location:..... **Dates:**

from..... to.....

Length: weeks

I give my permission to above mentioned student to perform part of his/her clinical clerkship under my supervision.

- ☐ I hereby declare that I am PUMS' employee
☐ I hereby declare that I am not PUMS' employee

Signature of the electives coordinator

Date:.....

ATTENTION!

Electives request form must be delivered to the Dean's Office 14 days prior elective's start, otherwise elective will not be effective.