



Wroclaw 20.....

Referral to clinical internship no./20.....

Based on the agreement concluded between the Wrocław University of Environmental and Life Science, represented by dr hab. Kamila Glińska-Suchocka, associate prof./dr hab. Marcin Jankowski, associate prof./ dr Jolanta Spużak*- the Supervisors of clinical practice, acting on the Rector's behalf

and Mr./Ms
(name and surname) (official job position)

The representative of in
(name of the company accepting the student) (city)

Please accept a student of the **4th/5th*** year of study
(student's name and surname)

of the **Veterinary Medicine**

for clinical practice period from to, (..... days of practice)

The Supervisor of clinical practice on behalf of the Wrocław University of Environmental and Life Science is dr hab. Kamila Glińska – Suchocka, prof. uczelni

.....
(signature of the supervisor of clinical practice)

* delete as appropriate