**Application for the pregraduation practice**

at Medical Faculty, Masaryk University

Academic year: 2020/2021

Name:……….......................................................................................................................................

UČO: ...........................................

Address:……………...............................................................................................................................

|  |  |
| --- | --- |
| **SURGERY:****Place (name, address)/** or write Brno |  |
| **approx. Date of practice** | From: | To: |
| **INTERNAL MEDICINE:** **Place (name, address)/** or write Brno |  |
| **approx. Date of practice** | From: | To: |
| **Pediatrics:****Place (name, address)/** or write Brno |  |
| **approx. Date of practice** | From: | To: |
| **Family Medicine:****Place (name, address)/** or write Brno |  |  |
| **approx. Date of practice** | From: | To: |
| **PALIATIVE MEDICINE****PLACE (NAME, ADDRESS)/****OR WRITE BRNO** |  |  |
| **approx. Date of practice** | From: | To: |

I have read and understood the conditions concerning organization of pregraduation practices and state exams conditions

Date:

Signature:

Approval from the vice-dean:

**Application for the state examinationS**

**at Medical Faculty, Masaryk University**

Name: …….………......................................................................................................................

Year of study: 6th year UČO: ...........................................

I apply for state exams at Medical faculty MU in programme **GENERAL MEDICINE,**field of study **GENERAL MEDICINE** and I register for state exams in period:

* Autumn 2020/ Spring 2021
* Spring 2020/ Autumn 2020

In Brno: ………………………… ………………………………………………

 Signature of the student

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Remark: requirement for admittance to a final state examination is fulfilment of all requirements of the given studies as defined in programme content and accomplishment of the minimum credit value of the given studies.