## To the rector of PHEE "Kyiv Medical University"

Prof. Ivnyev Borys

	(name of a student)
	(group, course, country)
APPLICAT	ION
<b>.</b> .	do my Vocational Inpatient practice (3 <sup>rd</sup> year, ny country (country).
I am obliged to provide the letteme for doing Vocational practice ther	er from the clinic which confirms that they take e.
On having finished my practice practice departments and take the creations.	e I will bring all the required documents to the dits.
(date)	(signature)

## To the rector of PHEE "Kyiv Medical University"

Pr	of. Ivnyev Borys	
	(name of a student)	
	(group, course, country)	
APPLICATIO	N	

I am asking you to allow me to do my Vocational Inpatient practice ( $4^{th}$  year,  $8^{th}$  semester) in the clinics of the University.

On having finished my practice I will bring all the required documents to the practice departments and take the credits.

(date)	(signature)

## To the rector of PHEE "Kyiv Medical University" Prof. Ivnyev Borys

The administration	of		
	(the name of m	nedical establishment)	
doesn't object of _		ne of a student, course, group)	
doing his/her Vocat	tional (Physicia	n assistant) Inpatient Pr	actice in our clinic.
Our facility of (Physician Assistant)	-	-	nrriculum of the Vocational
We won't have any	financial claim	ns to the University.	
The Chief Doctor _	(name)		
-		(signature)	
(seal)			

## To the rector of PHEE "Kyiv Medical University" Prof. Ivnyev Borys

The administration	of	
	(the name of medical establishment)	
doesn't object of _		
	(name of a student, course, group)	
doing his/her Voca	tional (Physician assistant) Inpatient Practice in our clinic.	
•	corresponds to the requirments of the curriculum of the Vocationt) Inpatient Practice.	nal
We won't have any	financial claims to the University.	
·		
The Chief Doctor _		
	(name)	
	(signature)	
(seal)		