

DEAN'S RESOLUTION

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**TO THE DEAN OF THE
FACULTY OF MEDICINE
AT MEDICAL UNIVERSITY – VARNA**

REQUEST FORM

Name, Faculty №
Specialty, group, year of study
Phone number/mobile: e-mail:

DEAR DEAN,

I kindly request permission to conduct my state internship/s in an accredited teaching /university/ hospital/clinic in another country:

1. Internal Diseases – 85 days from to
at
(please write the full name of the hospital/clinic)

2. Surgery – 75 days from to
at
(please write the full name of the hospital/clinic)

3. Paediatrics – 51 days from to
at
(please write the full name of the hospital/clinic)

4. Obstetrics and Gynaecology – 50 days from to
at
(please write the full name of the hospital/clinic)

I declare that:

1. I have been notified that Medical University of Varna has provided me with the opportunity to carry out practical training (pre-graduate internship) in accordance with the curriculum of the specialty of Medicine at an accredited medical establishment in Varna, the fee for which is included in the annual training fee for 6th year of study.

2. I refuse to carry out the training at the designated for me medical establishment under item 1. I am going to carry out the practical training /pre-graduate internship/ at hospital/s
entirely at my own expense, which is not included in the annual training fee, and on my own responsibility. I am aware that after its completion, the practical training carried out by me will be recognized by Medical University – Varna provided that it meets the University criteria and requirements, which I have been acquainted with beforehand.

3. I am aware that Medical University – Varna does not pay any insurance, guarantees and other expenses, and that it has no responsibility for the training that I will carry out in the hospital/s
as well as my residence in (name of the respective country) and I agree to this term.

4. I am informed that I can sit the state exams of the respective internships after their recognition by the Medical University of Varna and in accordance with schedule for state exams preliminary approved by the Dean.

I enclose the following documents:

1. Declaration/statement of the university hospital
2.

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(place, date)

Respectfully yours:
(Signature)