CONCLUSION

El "Royal Metropolitan University" Faculty of General Medicine

	DIARY of internship
	Student of the year(Last name, first name, patronymic)
 Medical supervisor	Is directed to internship for weeks From of to of
The report is reviewed at the Department " "	Date given: of 20 Order № on the 20
Date of the department meeting Nº "	Dean

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INTERNSHIP SCHEDULE

STUDEN'	T'S INI	TERNSH	IID RF	PORT
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Weeks	Time	Department	Supervisor's signature

Supervisor's signature

Month and date	Place of work	Supervi- sor's signa- ture

Place of work	sor's signa- ture

Month and date	Place of work	Supervi- sor's signa- ture

Month and date	Place of work	Supervi- sor's signa-
		ture

Month and		Supervi-
date	Place of work	Supervi- sor's signa-
		ture

Month and		Supervi- sor's signa-
date	Place of work	sor's signa-
		ture

Month and date	Place of work	Supervi- sor's signa- ture

Month and date	Place of work	Supervi- sor's signa- ture