



DUBROVNIK SUMMER SCHOOL 10

4.8. — 12.8. 2013

EMSA (European Medical Students Association) — Zagreb | Šalata 3b, 10000 Zagreb | OIB 74864240330

Proof of Required Education Requirements for DSS 2013

To be completed by a teaching institution where the applicant is a full-time student. I, the undersigned, hereby certify that:

(Dr, Mr, Mrs, Miss):.....Surname:.....

First name:.....Passport number:.....

He/She is in his/her:.....year of study for the degree of:.....

AND

Has completed (please cross out/delete whichever is not applicable):

Will have completed a minimum of THREE (3) years of full-time education in medicine by August 2013.

AND/OR

Has successfully passed courses in **Anatomy, Physiology, Pharmacology** and **Pathology**

DEAN OF THE FACULTY OR REGISTRAR OF TEACHING INSTITUTION

SEAL/STAMP OF ABROAD TEACHING INSTITUTION

DATE

