Priedas 1



**VILNIUS UNIVERSITY**

**MEDICINE FACULTY**

**EVALUATION OF THE INTERNSHIP**

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(STUDENT‘S NAME, SURNAME)

**Student registration No***.(LSP number)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_;

**Title of Study Program**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year of Study:**\_\_\_\_\_\_\_\_\_\_\_**Groupe**: \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Cycle** | **Duration of Cycle** | **Evaluation**  **(passed / failed)** | **Tutor of Cycle Name, Surname, Signature** | **Personal Health Care Institution‘s Stamp, Date** |
|  | **Internal Diseases** |  |  |  |  |
|  | **Children Diseases** |  |  |  |  |
|  | **Surgery and Traumatology** |  |  |  |  |
|  | **Obstetrics and Gynaecology** |  |  |  |  |

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(VU MF Coordinating Professor‘s Name, Surname, Signature, Date)

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(VU MF Vice-Dean‘s for Studies Name, Surname, Signature, Date)