

Certificate of teaching activity - Master of Medicine

This certification must be completed by the teacher and submitted to the Dean's office for approval.

Deadline 31 December for the spring semester / 30 June for the autumn semester

Last Name

First Name

Current position

Academic year

Date	Course title	Module	Hours

I hereby confirm, that I have performed the above listed teaching activity.

Date & place

Signature (Teacher)

Approved

Date & place

Signature (Dean's office)

