

EDUCATIONAL INTERNSHIP
HANDBOOK

Department _____ Dentistry _____
Year _____ III _____ Group _____ 301 _____
Semester _____ VI _____ Acad. Year _____
Name _____
Surname _____
Medical Center _____
Subject _____
Supervisor _____

YEREVAN 2018

RECOMMENDATION LETTER

Supervisor's signature _____

/stamp/ "____" _____ 2018