

EDUCATIONAL INTERNSHIP  
HANDBOOK

Department \_\_\_\_\_ Dentistry \_\_\_\_\_  
Year \_\_\_\_\_ II \_\_\_\_\_ Group \_\_\_\_\_ 201 \_\_\_\_\_  
Semester \_\_\_\_\_ IV \_\_\_\_\_ Acad. Year \_\_\_\_\_  
Name \_\_\_\_\_  
Surname \_\_\_\_\_  
Medical Center \_\_\_\_\_  
Subject \_\_\_\_\_  
Supervisor \_\_\_\_\_

YEREVAN 2018







RECOMMENDATION LETTER

Supervisor's signature \_\_\_\_\_

/stamp/      "    "      \_\_\_\_\_ 2018