



**IFMSA-Poland**

Międzynarodowe Stowarzyszenie  
Studentów Medycyny



**SCOPE**  
Praktyki Wakacyjne

**We hereby certify that**

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**a student of**

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**has passed an examination in spoken English.**

**This certificate is issued to enable the student  
to participate in summer training abroad.**

**GRADE:** \_\_\_\_\_

**Date of the examination:** \_\_\_\_\_

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Department of Foreign Languages

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Local Exchange Officer