



.....
(Name and Surname)

Kraków,r.
(Date)

FACULTY OF MEDICINE AND HEALTH SCIENCES

Field of study: Medicine - studies in English

Student's ID number:.....

Year of studies:..... Semester:.....

Full-time studies

Level of studies: long-cycle Master's degree

Prof. KAAFm dr Janusz Ligęza
The Dean of the Faculty of Medicine and Health Sciences
Andrzej Frycz Modrzewski Krakow University

I kindly ask for

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(student's signature)

Attachments to the application:

1.
2.

Dean's Office comments:

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Dean's decision:

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Justification of the rejection:

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Krakow, (date) Dean's signature and seal:

Instruction:

This decision may be appealed to the Rector of the Andrzej Frycz Modrzewski Krakow University through the Dean of the Faculty of Medicine and Health Sciences within 14 days of the decision reception.

I acknowledge the receipt of the decision:
(date and student's signature)