



.....  
(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

**The Rector of  
Andrzej Frycz Modrzewski  
Krakow University  
Prof. KAAFM dr Klemens Budzowski  
*through the*  
The Dean of the  
Faculty of Medicine and Health Sciences  
Prof. KAAFM dr Janusz Ligęza**

**APPEAL**

I appeal against the decision of the Dean of the Faculty of Medicine and Health Sciences of the Andrzej Frycz Modrzewski Krakow University, which was made on ..... (date of the Dean's decision) regarding .....

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(student's signature)

Attachments to the application::

- 1. ....
- 2. ....

