



.....
(Name and Surname)

Kraków,r.
(Date)

FACULTY OF MEDICINE AND HEALTH SCIENCES
Candidate for transfer to Medicine in English field of studies

Contact telephone number:.....

Correspondence address:

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E-mail address:

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

I kindly ask for transfer on year semester of full-time studies on long-cycle Master's degree **Medicine field of studies in English**, which are provided on the Faculty of Medicine and Health Sciences of Andrzej Frycz Modrzewski University.

Information about the origin university (university name; form of studies; language of studies; current year and semester of studies):

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Justification of the application:

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(candidate signature)

Attachments to the application:

1.
2.

Dean's Office comments:.....

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