



.....
(Name and Surname)

Kraków,r.
(Date)

FACULTY OF MEDICINE AND HEALTH SCIENCES
Field of study: Medical programme-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 a duplicate of the student's Clerkship Logbook and Student Skill Records book.

Justification:.....
.....
.....
.....

.....
(student's signature)

Attachments to the application:

- 1.
- 2.

Dean's Office comments
.....
.....

Dean's decision: I agree / do not agree * to the issuance of a duplicate of student's Clerkship Logbook and Student Skill Records book.

Justification of the rejection:.....
.....
.....

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)

* cross out irrelevant