

.....
(Name and Surname)

Kraków,r.
(Date)

FACULTY OF MEDICINE

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

**Rector of
Andrzej Frycz Modrzewski
Krakow University
dr Maciej Kluz
through the
The Dean of the
Faculty of Medicine
Prof. UAFM dr Janusz Ligęza**

APPEAL

I appeal against the decision of the Dean of the Faculty of Medicine 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::
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Dean's Office Comments:

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Dean's Comments:

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Krakow, (*date*)

Dean's signature and seal: