

.....
(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

Prof. UAFM dr Janusz Ligęza
The Dean of the Faculty of Medicine
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:
.....
.....

Dean's decision:
.....
.....

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 within 14 days of the decision reception.

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