

.....
(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

dr Maciej Kluz
Rector of the Andrzej Frycz Modrzewski Krakow
University

I kindly ask for

.....

.....

.....

.....

.....

.....

.....
(student's signature)

Attachments to the application:

- 1.
- 2.

Dean's Office comments:

.....

.....

Rector's decision:

.....

.....

.....

.....

Justification of the rejection:

.....

.....

Krakow, (date)

Rector's signature and seal:

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