

.....
(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

Declaration

I declare that *my personal/contact* data have changed*. I'm reporting a change:

- **surname/name***

from..... to.....

on the basis of a marriage certificate/administrative decision* with the number.....

- **registered (permanent) address***

from.....

to.....

- **correspondance address***

from.....

to.....

- **email address***

from.....

to.....

- **phone number***

from.....

to.....

.....
(student's signature)

Attachments:

1.

2.

* delete where not applicable