

.....
(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

STATEMENT

**I hereby confirm that on the (date) I resign
from the studies at Andrzej Frycz Modrzewski Krakow University.**

.....
(student's signature)