

Application was submitted in the dean's office:

(Date, signature and stamp of employee of the dean's office accepting application forms)

..... on:

Surname and first name:

Index no.:

Major:

Specialization:

Level of studies:

Form of studies:

Profile of learning

Date of commencement of studies:

Year of studies:

Telephone/email in the @365.sum.edu.pl

Domain: Address of correspondence:

**Dean
of the Faculty of Medical Sciences in Katowice
Medical University of Silesia
in Katowice**

APPLICATION FOR BOARD EXAM

I hereby kindly apply for the board exam in (*specify the name of the course*):

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Justification:

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Student signature

I grant consent/do not grant consent *

Date and signature of authorized person

* delete as appropriate