Application was submitted in the dean's office: _____ (Date, signature and stamp of employee of the dean's office accepting application forms)

Appendix no. 12 to
Ordinance no. 157/2024
from 18 September 2024.

……. 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

I hereby kindly request ……..……..…...

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Justification:

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Appendices:
1.
2.
3.

_____
Student signature

I grant consent/do not grant consent *

_____
Date and signature of authorized person

* delete as appropriate