

.....  
Student name

Katowice, .....  
date

.....  
address

.....  
Phone number

.....  
Year of study

**Marek Waluga, MD, PhD**  
Vice-Dean of the School of Medicine in Katowice  
Medical University of Silesia in Katowice  
18 Medyków Street  
40-752 Katowice

Dear Dean,

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

.....  
Student signature