

Application was submitted at the Dean's Office:

(date, signature and stamp of Dean's Office Registrar)

Katowice,
date

Student name : _____
Student ID # : _____
Major : medicine
Specialty : N/A
Year of study : _____
Phone number / E-mail: _____
Mailing address : _____

Marek Waluga, MD, PhD
Vice-Dean of the School of Medicine
Medical University of Silesia
in Katowice

APPLICATION FOR BOARD EXAM

I hereby request the approval to take the board exam in (*specify the name of the course*):

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Reasoning:

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.....
Student signature

Application for board exam has been **approved / disapproved***.

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Date and Dean's signature

* delete as appropriate