

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