

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

Appendix No. 13  
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 FORM**

I hereby request to **be covered by health insurance** by the Medical University of Silesia  
in Katowice in relation to  
.....  
.....  
.....  
.....  
.....

.....  
.....

Appendices:

- 1.
- 2.

\_\_\_\_\_  
Student signature

I **grant consent / do not grant consent** \* for the coverage by health insurance under the National Health Fund.

\_\_\_\_\_  
Date and signature of authorized person

\* delete as appropriate