

.....  
Student name

Katowice, .....  
date

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address

.....  
Phone number

.....  
Year of study

**Professor Przemysław Jałowiecki, MD, PhD**  
Rector  
Medical University of Silesia in Katowice  
15 Poniatowskiego Street  
40-055 Katowice  
via Dean  
of the Faculty of Medical Sciences in Katowice

Dear Rector,

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Student signature