

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 : _____

**Professor Tomasz Francuz, MD, PhD
Dean of the Faculty of Medical Sciences
in Katowice
Medical University of Silesia in Katowice**

APPLICATION FOR BOARD EXAM

I hereby apply for 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***.

.....
Date and Dean's signature

* delete as appropriate