



Katowice, ..... r.

Medical University of Silesia in Katowice

**DEAN'S OFFICE**

Faculty of Medical Sciences in Katowice

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## OUTPROCESSING FORM

*Student name:*

*Album No:*

*Faculty:* **Faculty of Medical Sciences in Katowice**

*Program:* **English language medical program**

*Specialization:* **none**

*Level of studies:* **uniform master studies**

*Mode of studies:* **intramural**

*Year of graduation:*

**This is to certify that the above mentioned has no commitments toward:**

<b>Library of the Medical University of Silesia in Katowice</b>	(date, stamp, signature)
<b>Dormitory</b>	(date, stamp, signature)
<b>Didactics Center Admission and student benefits subdivision ul. Poniatowskiego 15, Katowice</b>	(date, stamp, signature)
<b>Bursar Office ul. Poniatowskiego 15, Katowice</b>	(date, stamp, signature)