

.....
Student name

Katowice,
date

.....
address

.....
Phone number

.....
Year of study

Professor Tomasz Szczepański, MD, PhD
Rector
Medical University of Silesia in Katowice
15 Poniańskiego Street
40-055 Katowice
via Dean
of the Faculty of Medical Sciences in Katowice

Dear Rector,

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

.....
Student signature