Gdańsk, this …………………………

………………………………………………………………

candidate’s vocational title, given name and surname

………………………………………………………………

………………………………………………………………

 complete postal address

………………………………………………………………

 phone number

………………………………………………………………

e-mail

**Declaration of the candidate**

**to the First Doctoral School of the Medical University of Gdańsk**

I hereby declare that, in the case of admission to the First Doctoral School, I will not be a PhD student of another doctoral school from the date of commencement of education at the First Doctoral School of the Medical University of Gdańsk.

………………………………….………………

full hand-written signature of the candidate