Gdańsk, this …………………………

………………………………………………………………

candidate’s vocational title, given name and surname

………………………………………………………………

………………………………………………………………

complete postal address

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phone number

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e-mail

**Your Magnificence Rector,**

**Medical University of Gdańsk**

I kindly request my admission to the First Doctoral School of the Medical University of Gdańsk in the discipline of medical sciences, pharmaceutical sciences, health sciences\* in the academic year of 2024/2025.

Scientific supervisor: …………………………………………………………………………………………………………….………

degree/title, given name and surname of the scientific supervisor

………………………………………………………………………………………………………………………………………………..……

the MUG unit employing the supervisor

Title of the doctoral dissertation: …………………………………………………………………………………………….……

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stamp and full hand-written signature full hand-written signature of the candidate

of the scientific supervisor

………………………………………………………………………

stamp and full hand-written signature of head of the unit

where the dissertation research project is to be carried out

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\* delete as appropriate