Gdańsk, this …………….………..

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/ candidate’s vocational title, given name and surname /

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/ complete postal address /

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/ contacttelephonenumber /

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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 2020/2021.

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

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

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/ the MUG unit employing the supervisor /

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

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/ stamp and full hand-written name of the scientific supervisor / / full hand-written name of the candidate /

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/ stamp and full hand-written name of head of the unit / full hand-written name of the candidate /

where the dissertation research project is to be carried out /

\* delete as appropriate