Gdańsk, this …………….………..

…………………….…………..………….

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

…………………………………………….

………………………………….…………..

/ complete postal address /

………………………………….…………..

/ contacttelephonenumber /

………………………………….…………..

/ 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/

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

/ the MUG unit employing the supervisor /

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

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

……………………………………………….. …………………………………………

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

……………………………………………….. …………………………………………

/ 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