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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contact telephone 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 2021/2022.

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 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

where the dissertation research project is to be carried out

\* delete as appropriate