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

*place, date*

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

*First and last name*

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

Professional title

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

*Address for correspondence*

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

*Phone number*

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

*E-mail address*

**Director of the Doctoral School**

**of Wroclaw Medical University**

**APPLICATION FOR ADMISSION TO THE DOCTORAL SCHOOL**

**in the academic year 2023/2024**

I would like to ask to be admitted for the first year at the Doctoral School of Wroclaw Medical University for the project entitled

…....................................................................................................................................................…...................…....................................................................................................................................................…...................  
in.........................................................................................................................................................................\*

*(name of the Department/Institute)*

I hereby declare that I am familiar with the terms and conditions and procedures of admission as well as the regulations of the Doctoral School of the Wroclaw Medical University.

**To be completed electronically.**

Kind regards,