Gdańsk, this …………………………

………………………………………………………………

candidate’s vocational title, given name and surname

………………………………………………………………

………………………………………………………………

 complete postal address

………………………………………………………………

phone number

………………………………………………………………

 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: …………………………………………………………………………………………….……

………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………

…………………………………………………………………… …………………………………………………………………

 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* delete as appropriate