

Wrocław,

.....
(name and surname)

.....
(album number)

**Dean of
Faculty of Medicine
Wrocław Medical University**

Request for documents to be sent by regular mail

I request to be mailed the following documents*

- Original Diploma** of completion of uniform magister studies in Medicine
- Two certified copies of Diploma**
- Certificate** of completion of studies
- Diploma Supplement**
- Diploma Supplement** translated into English
- ... certified copy of Diploma** translated into foreign language

by Poczta Polska with confirmed receipt to the following address (**please fill in capital letters**):

street:.....

house no. apt. no.

post-code:.....

town:.....

country:

.....
legible signature

* mark with X where necessary