

Wrocław,
(date)

.....
(name and surname)

.....
(album number)

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

I hereby request that the Diploma Supplement contains the following **additional information**:

Awards and distinctions					
Full name of conference	Place	Year	1 st , 2 nd , 3 rd place or honorable mention	Subject of paper / Category	Comments

I will deliver the documents confirming the above information to the Dean's Office of the Faculty of Medicine **until 31.01.2022.**

.....
Student's signature

Documents filed on:2022.

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Dean's acceptance