Załącznik Nr 11
do Zarządzenia Nr 93/2023
z dnia 03.07.2023 r.
stanowiący Załącznik Nr 23
do Zarządzenia Nr 159/2012
z dnia 19.09.2012 r.

City, date

……..
(Faculty Stamp)

No.: ……

CERTIFICATE OF STUDY

This is to certify that

Mr/Ms: …….…….
Student register no.: …….….
Date of birth: …….….
Place of birth: ……..
Major: ……..
Specialization: ……..
Degree: …….…….
Form of studies: ……..
Profile of learning: …….….
Date of commencement of studies: ……
Duration of studies: …….…….
Planned term of completing studies: ……..
Lecture language: ……..

Mr/Ms ……. is a student of …. year (…… semester) of the **Medical University of Silesia, Katowice, Poland** for the academic year ……. type of studies …….

The certificate is issued at the request of the student.

.....
(Signature and stamp of authorized person)

Electronic document generated on.....by……
(First Name and Surname of Employee)