



Załącznik Nr 24
do Zarządzenia Nr 93/2023
z dnia 03.07.2023 r.
stanowiący Załącznik Nr 36
do Zarządzenia Nr 159/2012
z dnia 19.09.2012 r.

City, date

.....
(Faculty Stamp)

No.:

CERTIFICATE

concerning completion of studies

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:

is a **graduate** of major at the Medical University of Silesia in Katowice.

Mr/Mscommenced education on.....and **completed studies on:**
..... obtaining the title of: with the
result:.....diploma no.: date of diploma issuance:
average of grades obtained in the course of studies:

The scale of grades in place in accordance with the Study Regulations of the Medical University of Silesia in Katowice:

very good (5,0)
good plus (4,5)
good (4,0)
satisfactory (3,5)
sufficient (3,0)
unsatisfactory (2,0)

The certificate is issued at the request of the graduate.

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