Wrocław, ..................................

(date)

...................................................

Full name

**Dean of**

**Faculty of Dentistry**

**Wrocław Medical University**

Request for documents to be sent by regular mail

I request to be mailed the following documents\*

**Certificate** of completion of studies

**Original Diploma** of completion of uniform magister studies in Medicine

**Two certified copies of Diploma**

**Diploma Supplement**

**Certified copy of Diploma** translated into foreign language

**Diploma Supplement** translated into English

by Poczta Polska with confirmed receipt to the following address:

street:………………………………………………..…   
house no. ….………... apt. no. …….…………………

post-code:………………………….   
town:…………………………..…..   
country: …………….……………..

................................................

legible signature

\* mark with X where necessary