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