Wrocław, ...........................

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

name and surname

**Dean of the Faculty of Dentistry**

**Wroclaw Medical University**

Please issue and additional ……….copy/copies of:

* the Diploma of completing studies in\*:

- English - German - Spanish - French

I represent that I have:

a) submitted the additional 2 photographs

b) paid the additional fee, PLN 40.00 (for each)

* Supplement to the Diploma in English

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

legible signature

\* choose one