major: Dentistry

Faculty of Dentistry, English Division

Wroclaw Medical University

Academic Year 2019/2020

**STATEMENT**

I, the Undersigned, on this ............................. (date), hereby state the receipt of the following documents:

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

 **Two certified copies of Diploma**

 **Diploma Supplement**

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

  **Diploma Supplement** translated into English

 **Index**

\*I will collect an original of the Diploma on Graduation Ceremony on…..

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

legible signature of the Graduate