Wrocław, ….....................……………….

 (date)

Name and surname

……………………………………………..

Level of study

……………………………………………..

Faculty

……………………………………………..

Type of study

………………………………………………

Address

………………………………………………………………..

……………………………………………………………….

**Request Nr…………….**

**for a duplicate of a student’s card**

 I request a duplicate of student’s card.

I hereby admit that …………………………………………………………………………….

 (grounds for application)

……………………...……………………………………………………………………………

Should I find my student’s card, I will deliver it to competent department of the Wroclaw Medical University.

…………………………………..

 (signature)

-----------------------------------------------------------------------------------------------------------------I confirm the receipt of a new student’s card.

…………………………………..

 (date, signature)