

Wrocław, .....  
(date)

.....  
(name and surname)

.....  
(album number)

**Dean of Faculty of Dentistry  
Wrocław Medical University**

I hereby request that the Diploma Supplement contains the following **additional information**:

<b>Awards and distinctions</b>					
Full name of conference	Place	Year	1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> place or honorable mention	Subject of paper / Category	Comments

I will deliver the documents confirming the above information to the Dean's Office of the Faculty of Dentistry **until 15 March 2021**.

.....  
Student's signature

Documents filed on: .....2021.

.....  
Dean's acceptance