

Major: DENTISTRY
Faculty of Dentistry, English Division
Wroclaw Medical University

Academic Year 2020/2021

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 a foreign language
- Diploma Supplement** translated into
- English **Index**
- Practical skills index**

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legible signature of the Graduate