Wrocław,(date)	
(name and surname)	
(album number)	
	Dean of the Faculty of Medicine Wroclaw Medical University
	Wiociaw Medicai Oniversity
Please issue an additional Office Copy of:	
the Diploma of completing studies in*:English - German - Spanish -	French - Russian
I represent that I have paid the additional fee, PLN 40.00 (for each one).	
represent that I have paid the additional fee, I Liv 40.00 (for each one).	
Swandam and to the Diplome in English	
- Supplement to the Diploma in English	
	legible signature
* circle the appropriate	