**Annex No. 7**

to letter DL/ED/7/2025

Wrocław, .....................................................

 (date)

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

(name and surname)

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

(album number)

**Dean**

**of the Faculty of Medicine**

 **Wroclaw Medical University**

**AUTHORIZATION**

**(please fill in capital letters)**

I, the Undersigned, hereby authorize:

Mr/Mrs .............................................................

Personal ID No. ...............................................

Address: ...........................................................

to collect the following documents from the English Division Office \*:

 **Original Diploma** of completion of Uniform Master Studies in Medicine

 **Certified copies of Diploma** (language…………………………………..)

 **Certificate** of the completion of studies

 **Original** **Diploma Supplement**

 **Copies of Diploma Supplement** (language……………………………...)

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

signature of the person giving authorization

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

 authorizing confirmation of the signature of the person giving authorization

by an Official of the University or a Notary Public

\* tick the appropriate