Appendix No. 1.3

to "Terms and procedures for the admission to the Doctoral School

Of Wroclaw Medical University

in the academic year 2025/2026

Wroclaw, …………….………..

…………………….…………..………….

/ candidate's professional title, first name, last name /

…………………………………………….

………………………………….…………..

/ correspondence address /

………………………………….…………..

/ contact phone number /

………………………………….…………..

/ e-mail address /

**Wroclaw Medical University Doctoral School Candidate Statement**

I hereby declare that:

1. I am / I am not / I was\* a student of another doctoral school.
2. I am / I am not / I was\* a doctoral student.

Research supervisor/thesis supervisor in course of doctoral studies:

………………………………………..……………………………………………………..…\*\*

Title of doctoral thesis in course of doctoral studies:

…………………………………………………………………………………………………\*\*

…………………………………………………

/ legible signature of the candidate /

\* delete as appropriate

\*\* complete if the candidate is a doctoral student (**to be completed electronically**)