

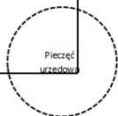
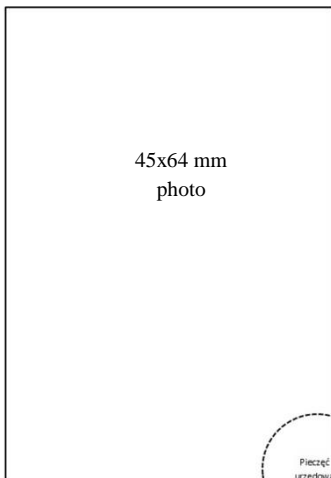
MEDICAL UNIVERSITY OF BIALYSTOK



**DIPLOMA OF HIGHER EDUCATION
LONG CYCLE PROGRAMME**

ISSUED IN THE REPUBLIC OF POLAND

(copy)



Mr/Ms

born on

in

.....

(signature of diploma holder)

Diploma No.

UNIwersYTET MEDYCZNY W BIAŁYMSTOKU

.....
(name of institutional unit)



DIPLOMA

of long cycle.....programme
in the field of.....
with major in.....
in the field of science.....
of the profile of education.....
the final grade:
the degree awarded:
on (dd-mm-yyyy)

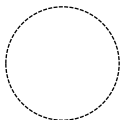
Dean/Head of Institutional
Unit

Rector

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Place:



Date: