

**MEDICAL UNIVERSITY OF BIALYSTOK**



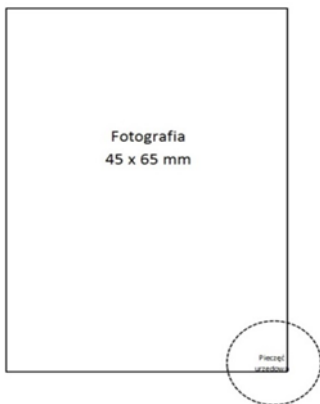
**DIPLOMA OF HIGHER EDUCATION  
SECOND CYCLE PROGRAMME**

**ISSUED IN THE REPUBLIC OF POLAND**

**(copy)**



Full qualification at Polish  
Qualifications Framework level seven



Mr/Ms .....  
born on .....  
in .....

.....  
(signature of diploma holder)

Diploma No. ....

# UNIwersYTET MEDYCZNY W BIAŁYMSTOKU

.....  
(name of institutional unit)



## DIPLOMA

of second 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

.....  
(seal and signature)

.....  
(seal and signature)

Place: .....

Date: .....

