…………………………….

date of receipt of the application

APPLICATION

for consent to implement education as part of the Individual Organization of Studies (IOS)

To the Dean of the Faculty of ……………………………….

of the Medical University of Bialystok

Name and surname: ………………………………………………………………………………........................................

Year of studies: ………… course: ………………………………………………… student ID number: ……………………….……………….

I request that you admit me to the IOS implemented in the academic year: ………………………………………

**Substantiation:**

………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………

I enclose to the application:

………………………………………..………………………….

………………………………………..………………………….

**Date and signature of the applicant:** ………………………………………..………………………….

**Dean's Decision**

………………………………………………………………………………………………….............

………………………………………………………………………………………………….............

**Signature and stamp:** ………………………………………………..