

MEDICAL UNIVERSITY OF BIALYSTOK



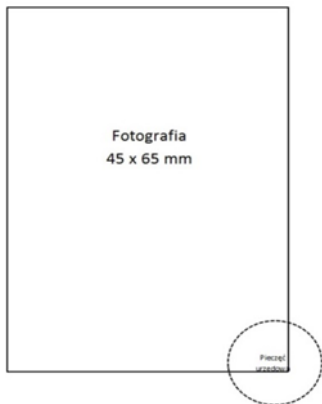
**DIPLOMA OF HIGHER EDUCATION
LONG CYCLE PROGRAMME**

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 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

.....
(seal and signature)

.....
(seal and signature)

Place:

Date:

