1. *Robert Filipowicz Sworn Translator of English, ul. Hallera 19/37, 15-814 Białystok, PL*
2. *Tel: +48 603 59 20 21, email: biuro@tlumacz-bialystok.pl*
3. *Sworn translation from Polish*

Appendix 1 to the Regulations of the Doctoral School of the Medical University of Bialystok,

introduced by the Resolution of the Senate No. 44/2021

Białystok, ... ..

Declaration regarding the completion of practical training

**in the academic year 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name and surname:

Field:

Discipline:

Supervisor/ Ancillary Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Hours in the winter semester | | Hours in the summer semester | | |  | |
| No. | Name of subject (UMB unit coordinating the subject) | Taught by the doctoral student | Implemented in the form of co-participation | Taught by the doctoral student | Implemented in the form of co-participation | | Signature and seal of the Head of the unit responsible for coordinating the subject | |
|  |  |  |  |  |  | |  | |
|  |  |  |  |  |  | |  | |
|  |  |  |  |  |  | |  | |
|  |  |  |  |  |  | |  | |
| Total hours: | |  |  |  | |  | | Overall = |

Year of studies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctoral student's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1) The signed declaration should be submitted to the Doctoral School no later than 14 days after the end of classes in the semester

[*end of translation*]

*I, ROBERT FILIPOWICZ, hereby certify that I translated the attached document from Polish into English and that, to the best of my ability, it is a true and correct translation. I further certify that I am competent in both Polish and English to render and certify such translation, which is confirmed by an entry in the register of sworn translators held by the Ministry of Justice (cf. https://arch-bip.ms.gov.pl/pl/rejestry-i-ewidencje/tlumacze-przysiegli/lista-tlumaczy-przysieglych/translator,1440.html).*

*In witness whereof, I have signed my name and affixed my seal in my office in Białystok this eighteenth day of July 2021.*

*File No. 1687 / 2021*