

Wrocław,
(date)

Name and surname

.....

Level of study

.....

Faculty

.....

Type of study

.....

Address

.....

.....

**Request Nr.....
for a duplicate of a student's card**

I request a duplicate of student's card.

I hereby admit that
(grounds for application)

.....

Should I find my student's card, I will deliver it to competent department of the Wrocław Medical University.

.....
(signature)

I confirm the receipt of a new student's card.

.....
(date, signature)