

.....
(name and surname)

STATEMENT

I, the undersigned below, confirm that I am fully aware that each student of the Wrocław Medical University is obliged to create and use an electronic account and mailbox on the website <https://csa.umed.wroc.pl/#enstudents> and use and check it regularly as a student of a “Virtual University”.

Wrocław, on

.....
(legible signature)

Niniejszym oświadczam, że nie posiadam stałego zameldowania na terenie Rzeczypospolitej Polskiej.

.....
(podpis)