Olsztyn

……………………………………………………

Place

……………………………………………………

Date

……………………………………………………

Department/ Clinic

**STATEMENT OF KNOWLEDGE OF THE SUBJECT RULES AND REGULATIONS**

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

the name of the subject

implemented in the winter/summer semester in the academic year …………….../…………………. for the ………………………… Medicine in English.

year of study

I confirm, that I have read and understood the rules and regulations of the above subject

and agree to abide by them.

Students signature:

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