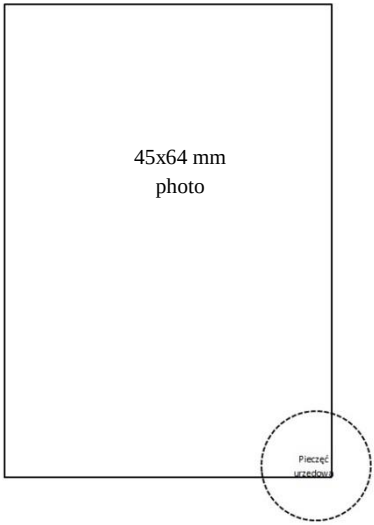
MEDICAL UNIVERSITY OF BIALYSTOK

DIPLOMA OF HIGHER EDUCATION
LONG CYCLE PROGRAMME

ISSUED IN THE REPUBLIC OF POLAND

(copy)

Strona 2, lewa wewnętrzna



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

……
(seal and signature)

Rector

…..……...……
(seal and signature)

Place: .……

Date: ……...