



Pomeranian Medical University in Szczecin
Faculty of Medicine
Faculty of Medicine & Dentistry

ELIGIBILITY DECLARATION

confirming student's right to apply for an admission to higher educational institutions

| | | |
|---|---------------|------------------------|
| I hereby certify that Mr./ Ms. <i>(full name and surname of the diploma holder)</i> | | |
| born on <i>(dd/mm/yyyy)</i> | | |
| graduated from <i>(school full name, city, country)</i> | | |
| on <i>(date of graduation as shown on the school leaving certificate)</i> | | |
| and was awarded <i>(school leaving certificate name in original language)</i> | | |
| acquired the right to study at any type of higher educational institution (university, college, medical school) in <i>(COUNTRY - where the school leaving certificate was issued)</i> | | |
| <i>(certified by)</i> | <i>(date)</i> | <i>(official seal)</i> |