Załącznik nr 1 do Regulaminu Studiów Doktoranckich

**Półroczna, indywidualna lista obecności uczestnika studiów doktoranckich**

**Uniwersytetu Medycznego im. Karola Marcinkowskiego w Poznaniu**

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| **Imię i nazwisko doktoranta:** |  |
| **Pieczęć jednostki, w której odbywa się studia doktoranckie:** |  |

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**Powyższe potwierdzam.**

**Data, pieczęć i podpis Opiekuna Naukowego/ Promotora:**