**Appendix 2**

to the Terms and Conditions and Procedure of the Recruitment Process to the Doctoral School at the PUMS – 2024/2025 academic year

**APPLICATION FOR THE ADMISSION TO THE DOCTORAL SCHOOL**

**RUN BY THE POZNAŃ UNIVERSITY OF**

**MEDICAL SCIENCES**

Submission date of the application

 ..........................................

FIRST AND LAST NAME:.........................................................................

PESEL No. or in the case of the foreigners, passport No.: ………………………………………………………………………….

***Rector***

***of the University of***

***Medical Sciences***

I hereby request the admission to the Doctoral School run by the Poznań University of Medical Sciences in the 2024/2025academic year.

I wish to pursue scientific and didactic work at ....................................................................................

(please provide the name of the University unit)

under the supervision of Mr/Ms .......................................................................................................................

(please provide the name of the person designated as the thesis supervisor)

The area of knowledge within the subject of the planned scientific paper:

.....................................................................

(please provide details depending on the discipline of science, e.g., gynaecology, paediatrics, medical analytics, dietetics, public health, etc.)

....................................................

candidate’s legible signature

I declare that I have familiarized myself with the Terms and Conditions of Recruitment to the Doctoral School conducted by Poznan University of Medical Sciences in the academic year 2024/2025.

....................................................

 candidate’s legible signature