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(place, date)

**Doctoral Student details:**

**......................................................................................**

Name and surname

**......................................................................................**

Correspondence address

**......................................................................................**

PESEL No

**......................................................................................**

Student ID number

**.....................................................................................**

Year of admission to the Doctoral School

***Professor Ewa Wender-Ożegowska, MD, PhD***

***Director of the Doctoral School***

***Poznan University of Medical Sciences***

***APPLICATION FOR DISSERTATION SUBMISSION DEADLINE EXTENSION***

* Dissertation submission deadline specified in the Individual Research Proposal: ……………..
* Scoring data for publications constituting the series: (number of publications) …………….. / (scoring) Ministry of Science and Higher Education …………….., IF ……………..

I am writing to request an extension of my dissertation submission deadline at PUMS Doctoral School to **……………..**

Justification of the application, stating the reason for the delay, based on § 17 of the Regulations of the Doctoral School of Poznan University of Medical Sciences:

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(legible signature of the doctoral student)

Opinions of the supervisor’s, supervisors’ or assistant supervisor’s (may be provided as an attachment):

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(legible signature and stamp of the supervisor)