**Appendix 4**

to the Conditions and Procedure for Recruitment to the Doctoral School at the PUMS – 2025/2026 academic year

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

(degree / title, first and last name of the person making declaration)

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

 (workplace – PUMS unit)

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

 (contact phone; e-mail)

**DOCTORAL SCHOOL RUN BY**

**THE POZNAN UNIVERSITY OF MEDICAL SCIENCES**

**DECLARATION**

**of the Head of the Unit (Clinic/Institute of the PUMS) on providing the Doctoral Student with the opportunity to complete the compulsory classes and professional internships as part of the Doctoral School curriculum**

I declare that should Ms/Mr ........................................................ be admitted to the Doctoral School run by the Poznan University of Medical Sciences, I shall provide the above-mentioned Doctoral Student with the opportunity to perform all tasks related to education at the Doctoral School, including compulsory classes and professional internships in the form of delivering teaching classes, to the extent specified in the curriculum.

The internship will be carried out at: .....................................................................................................

(please provide the name of the University unit)

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

(place and date) (legible signature and the stamp of the person making declaration)