**Appendix 2**

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

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

**RUN BY THE POZNAN UNIVERSITY OF**

**MEDICAL SCIENCES**

Submission date of the application

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

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

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

***Rector***

***of the Poznan University of***

***Medical Sciences***

I hereby request the admission to the Doctoral School run by the Poznan University of Medical Sciences in the 2025/2026 academic 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.)

I declare that I have familiarized myself with the Conditions and Procedure for Recruitment to the Doctoral School conducted by Poznan University of Medical Sciences in the academic year 2025/2026.

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 candidate’s legible signature