

.....  
First and Last Name

**6 year Medical Doctor Program in English**

.....  
Year of the studies

.....  
Mobile No.

.....  
Index No.

**prof. Jerzy Gielecki, MD, PhD**  
**Dean for English Division**  
**University of Warmia and Mazury**  
**in Olsztyn**

I declare that from the day of..... I cancel my studies at the Faculty of Medical  
Sciences because of: .....

.....

.....  
//student signature/