

City……………….., date…………………r.

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*(Full name of doctoral student)*

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*(album no)*

Director

Academia Medica Bydgostiensis

Nicolaus Copernicus University in Toruń

**INFORMATION**

**REGARDING THE DEADLINE FOR SUBMISSION**

**OF THE DOCTORAL DISSERTATION**

Planned date for submission of doctoral dissertation: …………………………………………

Title of doctoral dissertation: …………………………………………………………………………………………..………

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…………………………………………………………………………………………………..

Language in which the doctoral dissertation was prepared: ……………………………………

Scientific discipline: …………………………………………………………………………..

Supervisors (academic degree/full name):

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*(doctoral student’s signature)*