



**Faculty of Medicine and Dentistry**  
**Student achievements questionnaire**

Please furnish filled in questionnaire to the Dean's Office of the Faculty of Medicine and Dentistry.

1. First name, surname..... 2. Album no. ....

3. Field of study: ..... 4. Specialisation: .....

5. Intramural/extramural studies\*, long-cycle M.A. studies/first-cycle studies/second-cycle studies\*.

6. Membership in **research groups**:

No.	Name of the Student Research Group	Function performed, scope of activity	Membership period	Number of addresses at conventions and symposiums **	Number of publications **	Participation in research work	Seal of the entity managing the Group	Signature and seal of the Group's Tutor
1.								
2.								
3.								
4.								
5.								

\* Delete as inapplicable.

\*\* Please furnish a copy of the document confirming participation in the convention/symposium, copies of publications, certificate issued by manager of the research project. Original for inspection.

7. **Awards/distinctions** received (ministry's scholarships, awards of HM Rector, awards of the Student Authorities, Student Research Society, other) – please furnish copies of respective documents (no. of documents):.....
8. Active participation in **conferences/conventions**, e.g. Congresses for Young Doctors – please furnish copies of participation certificates confirming participation (no. of attachments): .....
9. Participation in **training programmes/courses** please furnish copies of participation certificates confirming participation (no. of attachments): .....
10. **Publications** – please furnish copies of published materials: abstracts, magazine articles, etc. (no. of attachments): .....
11. Other activity for the Medical University of Warsaw – please furnish copies of respective documents (no. of documents):.....
12. Activity at the **Student Authorities and Student Organisations** registered at the Medical University of Warsaw, e.g. Polish Association of Dentistry Students (PTSS):

No.	Name of the organisation	Function performed, scope of activity	Membership period	Seal of the organisation	Signature of the Chairperson of the Board
1.					
2.					
3.					

13. Foreign traineeships/studies under foreign exchange programmes:

No.	Kind of traineeship/exchange	Place	Duration	Seal and signature of the Tutor/Organiser***
1.				
2.				
3.				

Warsaw, .....

*date*

.....

*signature of the student*

\*\*\* If the seal/signature cannot be obtained, please attach copies of certificates confirming participation in the foreign traineeship/exchange, signed by the tutor/organiser.