

# DECLARATION

**of a national of an EU member country /**

**of national of the European Free Trade Agreement member country**

I, the undersigned \_\_\_\_\_, born on \_\_\_\_\_, in \_\_\_\_\_  
(first and last name) (date) (place of birth)

holding citizenship of \_\_\_\_\_, hereby declare that being a member of an EU  
(country)

member country/European Free Trade Agreement member country\*, I am aware of my rights to commence and undergo studies on principles applicable to Polish nationals, i.e. to study in the Polish language, upon successful completion of entry examinations into the University.

However, being aware of those rights, I am consciously waiving this opportunity of education and declare my intention to commence English language medical studies requiring payment of tuition fees and not involving student benefits. At the same time, I hereby undertake to cover the full amount of tuition fees determined in internal regulations of the Medical University of Warsaw.

\_\_\_\_\_  
(date and place)

\_\_\_\_\_  
(legible signature)

\*) *Delete as appropriate*