

**SCHOOL
CERTIFICATION
OF
THE STUDENT'S RIGHT TO APPLY FOR
ADMISSION TO
HIGHER EDUCATION INSTITUTIONS**

I hereby certify that Mr/Ms ,
(student's name)

graduated from
(name of school)

on , has the right to apply for admission to higher
(date)

education institutions in
(name of issuing country)

Certified by
(type the name and title of person certifying)

(signature)

(official seal or stamp of school)

(date)

Once completed, this form should be returned by post directly to:

**The Medical University of Warsaw
Faculty of Medicine and Dentistry – English Dentistry Division
61 Żwirki i Wigury St., 02-091 Warsaw
POLAND**