Appendix 1

to "Terms and conditions and procedures for the admission to the Doctoral School

of Wroclaw Medical University

in the academic year 2024/2025"

**First and last name: ………………………………………………………………………………………………..**

**LIST OF DOCUMENTS REQUIRED FOR ADMISSION TO THE DOCTORAL SCHOOL:**

**Attach the following documents according to the following order:**

**I. Required documents:**

1. Application to the Doctoral School Director for admission – *Appendix No. 1.1,*
2. Personal data survey ***– printout from IRK, signed – Appendix No. 2****,*
3. Declaration of the person submitting the research topic – *Appendix No 1.2,*
4. Declaration of the candidate – *Appendix No. 1.3,*
5. Copy of diploma (original document or a copy available on request)*,*
6. Information about the course of studies (a comprehensive excerpt from the course of studies or a diploma supplement)*,*
7. Proof of language proficiency at B2 level*,*
8. In case of applying for a place in a clinical unit – a medical license or limited medical license (a copy or original document available on request)*,*
9. One photo (of the same size as ID photo)*,*
10. Fee receipt concerning the admission to the Doctoral School.
11. Description of the planned project on paper, specifying the research assumptions, aim, methods and expected results, confirmed by a potential thesis supervisor*,*
12. Doctoral School Candidate Evaluation Questionnaire based on submitted documents along with a
confirmation that all information included in the questionnaire is consistent with the actual state of affairs – ***printout from IRK****,* ***signed*** *– Appendix No. 1.4*
13. Mean examination grade issued by the university
14. A list of the published papers (title, authors, journal name, points allocated by the Ministry of Education and Science, IF, publication year)

**II. Ancillary documents (numbered according to the merit points in Appendix 1.4 – Candidate Evaluation Questionnaire)**

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

 ..................................................................

 *date, legible signature of the candidate*