

City……………….., date…………………r.

…………………………………………………………..

 *(Full name of doctoral student)*

…………………………………………………………..

 *(album no)*

…………………………………………………………..

 *(scientific discipline)*

 Director

 Academia Medica Bydgostiensis

 Nicolaus Copernicus University in Toruń

**APPLICATION**

**FOR THE ISSUANCE OF A CERTIFICATE ON THE CONFIRMATION**

**OF LEARNING OUTCOMES FOR QUALIFICATIONS AT LEVEL 8 PQF**

I kindly request the issuance of a certificate confirming the learning outcomes for qualifications at level 8 of the Polish Qualifications Framework (8PRK).

……………………………………………

 *(doctoral student’s signature)*