

Warsaw .....

Name and Surname.....

Index No. ....

e:mail.....

Prof. Paweł Włodarski

Head of the Department of Histology and  
Embryology of the Medical University of  
Warsaw

I kindly ask for permission to take the exam in Histology, Cytophysiology and Embryology in oral form. I would like to take the exam during the exam session/before the exam session\*.

Yours sincerely