.....

Applicant’s first name and surname

.....

……..

Address of residence

.....

……

Correspondence address

.....

Telephone no., e-mail address

APPLICATION FOR PRE-COURSE

I would like to apply for admission to a pre-course held from 7 September to 25 September 2026

at Wroclaw Medical University. The pre-course program includes the following subjects :

- Biology – 20 hours
- Chemistry – 20 hours
- Anatomy – 10 hours
- Physics – 10 hours
- Polish language – 40 hours

The cost of the pre-course is 3000 PLN. The cost for Polish citizens who do not participate in Polish language classes is 2600 PLN. Payment has to be transferred into the individual bank account number assigned to each student (the same account number as for tuition fees). Please write your full name and „pre-course” as the title of the transfer.

The deadline for payment is 1 September 2026.

I hereby confirm that I am going to participate in the pre-course.

……

Date and applicant’s signature (first name and surname)