Łódź, dn. .
 *(Data)*

Imię:

Nazwisko:

Kierunek:

Rok:

Wydział:

Telefon:

E-mail:

**President**

**of Student’s Government**

**of Medical University of Lodz**

**Kamil Szymaszkiewicz**

**STATEMENT**

Me, , year student, field of
 *(name and surname) (no of year)*

 of the Faculty of Military Medicine,
 *(field of study)*

I propose my candidacy in elections to

 .
 *(Faculty Council of Military Medicine / Medical Univeristy Senate)*