QUESTIONNAIRE FOR MEDICAL STUDENTS
FROM POZNAN UNIVERSITY OF MEDICAL SCIENCES
FOR PREPARATION OF DIPLOMA SUPPLEMENT

The information requested in this questionnaire concern your activity during your studies at Poznan University of Medical Sciences. This information will be included in the diploma supplement prepared by the Dean's Office.
All of the information provided by you must be accompanied by **appropriate documents** confirming this information.

SURNAME, Name(s): ……..

1) Additional practical training (not included in the curriculum):

2) Participation in scientific association(s):

3) Academic life activity (e.g. American Student Government/Norwegian Student Government, student newspaper, choir, voluntary work, others):

4) Sport activity (outstanding achievements in sport):

5) Other outstanding achievements:

ATTENTION:

This form with the attached documents must be submitted to the Dean's Office by December 23rd, 2016 (Spring Away group) / April 10th, 2017 (Fall Away group). Any forms and documents submitted after this deadline will not be taken into consideration.