



Gdańsk,, 2010

AFFIDAVIT OF NATIONALITY

I DO NOT HAVE POLISH CITIZENSHIP.

I hold apassport.
(country)

I UNDERSTAND , that the English Programme of the Pharmacy Faculty of the Medical University of Gdańsk, Poland, is open to students at their own expense.

DECLARATION of INTENT to PAY PROMPTLY

- 1) I DECLARE, that I shall be responsible for the cost of study during the five academic years, required to complete the pharmacy studies.
- 2) I UNDERTAKE, to pay regularly and promptly the University fee according to the time scale for payment which I have received.
- 3) I UNDERSTAND, that the consequence of a late payment may result in a fine and the consequence of non-payment will result in exclusion from the University.

signature of candidate

WITNESS

printed names of candidate

passport or ID number