STATEMENT OF THE LEGAL REPRESENTATIVE

on consent[[1]](#footnote-1)

I, the undersigned

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(name and surname)

address:

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PESEL (in the absence of PESEL, please give your name, number and validity period of the identity document and name of the country that issued it): ...................................................................................................................................................................

telephone number:

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e-mail address:

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**acting as a legal representative of my child / person under my legal care,**

**on the basis of the attached birth certificate of the child / court decision / other document[[2]](#footnote-2)**

Mr/Ms

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(name and surname of the child / person under legal care)

address:

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PESEL (in the absence of PESEL, please give name, number and validity period of the identity document and name of the country that issued it):

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I consent to:

1) participation of my child / person under my legal care in recruitment for studies, including submitting an application for admission to studies conducted at the Medical University of Białystok in the following field/fields of study[[3]](#footnote-3)

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2) filing by my child / person under my legal care of an appeal against the decision not to be admitted to studies,

3) my child / person under my legal careundertaking the studies indicated in point 1), possible submitting a resignation from these studies as well as submitting any other documents and declarations related to the taking and course of the above-mentioned studies, including all requests and conclusions (also resulting in the creation of the Medical University of Bialystok financial liabilities);

4) submitting an application for a place for my child / person under my legal care in a dormitory - I declare that I know and accept the resulting financial obligations;

5) my child / person under my legal care signing a declaration of acquaintance with information about the processing of personal data.

I. I declare that I have read the conditions of payment for studies - I certify that I know and accept the financial obligations arising from entering on the list of admitted students;

II. I confirm all statements, applications, requests, consents and other legal activities made so far by my child / person under my legal care in connection with the recruitment and study at the Medical University of Bialystok.

I declare that: I will represent my child / person under my legal care 2 in all administrative, judicial and court proceedings related to the application and taking up studies at the Medical University of Bialystok.

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(legible signature of the parent / legal representative)

.................................................. ...........................................

(place, date)

1. applies only to candidates for studies who will not be of legal age by the date of the commencement of the academic year to which the recruitment relates [↑](#footnote-ref-1)
2. delete as appropriate [↑](#footnote-ref-2)
3. Here you should provide the names of all fields of study, degree level (unified, bachelor's degree) and mode of study (full-time, part-time) [↑](#footnote-ref-3)