

Statement on ensuring the location for the realization of didactic classes

I hereby state that I can ensure 60 didactic hours per annum for the period of four years

In the form of conducting didactic classes (name of unit: MUB):

.....

with allocation for the candidate to the MUB Doctoral School (first name and surname):

.....

in the field of medical sciences and health sciences, in the path of education (select one of the paths of education: pharmaceutical sciences, medical sciences, health sciences, international path):

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Date, stamp and signature of the promotor:

Date, stamp and signature of the head of the unit in which the above didactic hours will be realized:

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Date, stamp and signature of the Vice-Rector for Education or person authorized by them

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