.................................................. Bydgoszcz, …...............................

imię i nazwisko studenta

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nr albumu

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kierunek i rok studiów

Pan

[dr hab. Marek Foksiński, prof. UMK](https://www.wf.cm.umk.pl/kbk/pracownicy/?id=3205301)

Dziekan Wydziału Farmaceutycznego

Collegium Medicum im. Ludwika Rydygiera w Bydgoszczy

Uniwersytet Mikołaja Kopernika w Toruniu

Prośba studenta

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Uzasadnienie

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podpis studenta