

SPRING DOCTORAL SCHOOL (SDS)

April 25-30, 2022, Szczecin

APPLICATION FORM

NAME, SURNAME .....................................................................

E-MAIL ADDRESS ......................................................................

TEL. NUMBER …….......................................................................

UNIVERSITY ……….......................................................................

FACULTY ...................................................................................

FIELD OF STUDY ........................................................................

YEAR OF DOCTORAL STUDIES OF STUDY ………………………………….

Signature

Obraz zawierający tekst

Opis wygenerowany automatycznie