……..……...…… Kielce …… 20……
(first name and surname)

……...……..…
(year, field of study),

full-time studies, long-cycle Master's degree programme)

……..……
(Student ID number)

……..……
(contact info: telephone no., email)

THE DEAN OF THE FACULTY OF MEDICINE
Przemysław Wolak, Associate Professor, MD, Ph.D. hab.

Application for the issuance of an electronic student ID card

I kindly request the issue my electronic student ID card.
Attached to this application is confirmation of payment of the PLN 22.

Yours sincerely,

.....
(student's signature)