Bydgoszcz, dnia.........................

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(imię i nazwisko)

Numer albumu:..........................................

Kierunek studiów:……………………................

Rok/stopień studiów:.................................

………………………………………………..................

(telefon)

**Pani**

**dr Anita Gałęska-Śliwka**

**Prodziekan ds. Studenckich**

**Wydziału Nauk o Zdrowiu** **CM UMK**

Oświadczam, że zmianie uległy moje dane osobowe:

**1. Adres zamieszkania**:\*

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**2. Nazwisko (załączyć dokument potwierdzający zmianę nazwiska):**\*

**.**........................................................................................................................................................................

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**3. Numer konta bankowego:**\*

Nazwa banku..........................................................................................................................................

Numer konta

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**4. Numer telefonu:\*** ............................................................................................................................................

Z poważaniem

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(podpis studenta)

\*niepotrzebne skreślić