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**AKADEMIA MEDYCZNA NAUK STOSOWANYCH I HOLISTYCZNYCH**  
**Z SIEDZIBĄ W WARSZAWIE**  
**MEDICAL UNIVERSITY OF APPLIED AND HOLISTIC SCIENCES**  
**BASED IN WARSAW**

**DIPLOMA**  
**OF THE LONG CYCLE PROGRAMME**  
ISSUED IN THE REPUBLIC OF POLAND

Mr. (Ms.) .....

born on .....

obtained the professional title of .....

on .....

in the major of .....

in the discipline of .....

with the educational profile of .....

form of studies .....

with the final result of studies .....

**RECTOR**

.....  
diploma number



.....  
name stamp and signature

.....  
signature of the holder of the diploma



Full qualification at level 7 of the Polish  
Qualifications Framework and the  
European Qualifications Framework

.....  
place and date of issue of the diploma

RP