Załącznik nr 2 do Zarządzenia nr 74/2025/2026 Rektora Ignatianum w Krakowie z dnia 28 sierpnia 2026 r.

UNIWERSYTET IGNATIANUM W KRAKOWIE
IGNATIANUM UNIVERSITY IN CRACOW

THE CERTIFICATE OF COMPLETION OF POSTGRADUATE STUDIES

ISSUED IN THE REPUBLIC OF POLAND

Mrs **First Name(s) and Surname of the Graduate**

Date of Birth: **date of birth with the month written in words**

Place of Birth: **place of birth**

Scope of Postgraduate Studies: **name of the postgraduate study programme**

Start Date of Studies: **date of commencement with the month written in words**

Completion Date of Studies: **date of completion with the month written in words**

Number of Semesters: **number of semesters written in words**

Final Result: **final result written in words**

Rector

University official seal

.....

(official seal and signature)

Krakow, certificate issue date

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No.	**Course Name**	**Number of Class Hours**	**ECTS Credits**
	Total:		
Practical skill-building classes			
Professional internships			
Classes conducted using distance learning methods and techniques			
Additional Information:			
Place of internship: Information about completed training preparing for the profession or for obtaining professional qualifications:			