**Scholarship Report**

**1. Background Information**

**1.i Name of Scholarship Awarded**:

**1.ii. Name of Scholarship Holder**:

**1.iii. Name of Polish Medical University and Department in which you work:**

1.iv. **Contact e-mail address in Poland:**

1.v. **Name of University of Edinburgh Course you were attending:**

1.vi. **Duration & Dates of Visit:**

**2. Information about your course**

**2.i.** **What did you personally hope to achieve by coming on the course and if appropriate what did you think your university/department might benefit from your attendance?**

**2.ii. To what extent were you able to meet your personal objectives?**

**2.iii. How will you use the information you gained on the course?**

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**3. Are there any other comments you wish to make?**

Please return your report (preferably by e-mail) within 1month of completing your course to:

Dr Maria Dlugolecka-Graham MBE

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