................................................................................................ Krakow, ..........................................

 (*Name and Surname*) (*Date*)

Field of Study: .........................................................................

Specialisation track: ................................................................

Year of study: ................. Semester: .......................................

Student identification number or code: ...................................

first-cycle/ second-cycle/ long-cycle master’s degree\*) studies

full-time/ part-time\*) studies

**Prof.** ……………………………………………..

**Dean of the Faculty of** ………………………….

**of Andrzej Frycz Modrzewski Krakow University**

 I kindly ask for the permission of repeating …………………semester in the *winter/summer semester*\* of ……………..the academic year .................................................... and recognition of grades in accordance with the Regulations of Studies due to the following reason(s)……………………………………………………………

 .........................................................

 (*student’s signature*)

Attachments to the application:

1. .......................................................
2. .......................................................

Student Service Office comments:

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**Dean’s decision**:

Pursuant to § 39 section 1 point 2 of the Study Regulations of the Andrzej Frycz Modrzewski Krakow University I consent/I do not consent \* to the student repeating the semester............................................................................................................................................................................................................................................................................................................................................................

.....................................................................................................................................................................................Justification of the rejection: ......................................................................................................................................

..........................................................................................................................................................................................................................................................................................................................................................................

Krakow, (*date*) ......................... Dean’s signature and seal: ...................................................................

Instruction:

This decision may be appealed to the Rector of the Andrzej Frycz Modrzewski Krakow University through the Dean of the appropriate Faculty within 14 days of the decision reception.

I acknowledge the receipt of the decision: .....................................................................................................................................................................................

 (*date and student’s signature*)

\* cross out irrelevant