................................................................................................ 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 to repeat the following course(s)\* :

1).................................................................................................................................................. ...........ECTS

2).................................................................................................................................................. ...........ECTS

The application can be submitted only by a student who lacks no more than 12 ECTS to pass the semester.

In accordance with § 2 of the Resolution of the Council of the Faculty of Medicine and Health Sciences No. 6/2020 of June 19, 2020 the student has the right to repeat a maximum of one subject in a given semester as part of a conditional long-term entry. In exceptional situations, in particular in the case of students who previously showed good academic results, the Dean may relax the conditions set out in § 2 and § 7 of the above-mentioned Resolution.

I declare that I have read § 39 par. 2 point 2 of the Regulations of Studies which are obligated at the University and I confirm that the information provided by me is complete and consistent with the facts.

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

(*student’s signature*)

Attachments to the application:

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

Student Service Office comments: .....................................................................................................................................................................................

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**Dean’s decision**:

Pursuant to § 39 par. 2 point 2 and par. 3 of the Regulations of Studies which are obligated at the University

I *agree / do not agree*\* to the repetition of the above mentioned courses till …........................................................

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

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 Faculty of Medicine within 14 days of the decision reception.

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

(*date and student’s signature*)

\* cross out irrelevant