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

**Rector of**

**Andrzej Frycz Modrzewski**

**Krakow University**

**dr Maciej Kluz**

## through the

**The Dean of the the appropriate Faculty**

**…………………………………………**

### APPEAL

I appeal against the decision of the Dean of the Faculty of ……………………………………………………of the Andrzej Frycz Modrzewski Krakow University, which was made on ....................................... (*date of the Dean’s decision*)   
regarding .....................................................................................................................................................................

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(*student’s signature*)

Attachments to the application::

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

**Student Service Office Comments:**

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**Dean’s Comments:**

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