................................................................................................ 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 restoration of the following term(s):

|  |  |  |
| --- | --- | --- |
|  | **Course name** | **Date of the exam****on which student was absent** |
| term *I/II*\* *exam/pass* \* |  |  |
| term *I/II*\* *exam/pass* \* |  |  |
| term *I/II*\* *exam/pass* \* |  |  |
| term *I/II*\* *exam/pass* \* |  |  |

Justification of the application: ..................................................................................................................................

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

 (*student’s signature*)

Attachments to the application:

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

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

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**Dean’s decision**:

Pursuant to § 37 par. 3, 4 and par. 6 of the Regulations of Studies which are obligated at the University *I* *agree* / *do not agree*\* to the restoration of the above mentioned term/terms\*.

Student binding date/dates\*:.......................................................................................................................................

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