................................................................................................ Kraków, ..........................................

(*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 take in advance the following course(s) from the .................. semester:

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

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

3).................................................................................................................................................. .…...........ECTS

4).................................................................................................................................................. ................ECTS

due to the *semester repetition / long-term leave of studies*\* .

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

(*student’s signature*)

Attachments to the application:

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

Student Service Office comments:

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**Dean’s decision**:

Pursuant to § 42 par. 1 of the Regulations of Studies which are obligated at the University I *agree / do not agree*\* to the take in advance *the above mentioned course(s) / the following course(s)*\*: .....................................................................................................................................................................................

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