................................................................................................ 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 conditional short term pass for the...............................semester in the *winter/ summer* semester\* in the academic year .............................. for the following course(s)\* :

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

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

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

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

The application can be submitted only by a student who lacks no more than 12 ECTS to pass the semester. I declare that I have read § 39 par. 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 1 and par. 3 of the Regulations of Studies which are obligated at the University

*I agree / do not agree*\* to the conditional short term pass 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 appropriate Faculty within 14 days of the decision reception.

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

(*date and student’s signature*)

\* cross out irrelevant