

.....  
(Name and Surname)

Kraków, .....r.  
(Date)

**FACULTY OF MEDICINE**  
Field of study: Medicine-studies in English  
Student's ID number:.....  
Year of studies:..... Semester:.....  
Full-time studies  
Level of studies: long-cycle Master's degree

**Prof. UAFM dr Janusz Ligęza**  
**The Dean of the Faculty of Medicine**  
**Andrzej Frycz Modrzewski Krakow University**

I kindly ask for organisation of the individual plan of studies based on postponement of the  
realisation of summer clerkship in.....  
(clerkship title)

.....

.....  
(student's signature)

Attachments to the application:

- 1. ....
- 2. ....

Dean's Office comments: .....  
.....  
.....

**Dean's decision:** Pursuant to § 13 of the Regulations of Studies which are obligated at the University *I agree / do not agree\** for organisation of the individual plan of studies based on postponement of the realisation of summer clerkship.....

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