

.....  
(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 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. ....

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

**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 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