

.....
(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 Ligeza
The Dean of the Faculty of Medicine
Andrzej Frycz Modrzewski Krakow University

I kindly ask for the permission to repeat the following course(s)* :

- 1).....ECTS
- 2).....ECTS

The application can be submitted only by a student who lacks no more than 12 ECTS to pass the semester.
In accordance with § 2 of the Resolution of the Council of the Faculty of Medicine and Health Sciences No. 6/2020 of June 19, 2020 the student has the right to repeat a maximum of one subject in a given semester as part of a conditional long-term entry. In exceptional situations, in particular in the case of students who previously showed good academic results, the Dean may relax the conditions set out in § 2 and § 7 of the above-mentioned Resolution.

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.

Dean's Office comments:

Dean's decision:

Pursuant to § 39 par. 2 point 2 and par. 3 of the Regulations of Studies which are obligated at the University
I agree / do not agree* to the repetition of the above mentioned courses 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 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