

.....  
(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 restoration of the following term(s):

|                        | Course name | Date of the exam<br>on which student was absent |
|------------------------|-------------|---|
| term I/II* exam/pass * |             |   |
| term I/II* exam/pass * |             |   |
| term I/II* exam/pass * |             |   |
| term I/II* exam/pass * |             |   |

Justification of the application: .....  
.....  
.....

.....  
(student's signature)

Attachments to the application:

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

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

**Dean's decision:**

Pursuant to § 37 par. 3, 4 and par. 6 of the Regulations of Studies which are obligated at the University *I agree / do not agree\** to the restoration of the above mentioned term/terms\*.

Student binding date/dates\*:.....

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