

.....  
(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 of repeating ..... semester in the *winter/summer semester\** of the academic year ..... and recognition of grades in accordance with the Regulations of Studies due to the following reason(s) .....  
.....  
.....

.....  
(student's signature)

Attachments to the application:

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

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

**Dean's decision:**

Pursuant to § 39 par. 1 point. 2 and § 40 par. 1 of the Regulations of Studies which are obligated at the University *I agree / do not agree\** to the repetition of the semester and recognition of grades.

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