Annex 4

to Order No. 102/XV R/2017

of the Rector of Wroclaw Medical University

dated 29 September 2017

…………………………

Application Receipt Date

……………………………….....................................................................................................

Applicant's first name and surname

……………………………….....................................................................................................

Student record book No.

……………………………….....................................................................................................

year of studies, semester, course, degree\* and mode\*\* of studies,

……………………………….....................................................................................................

Address for Correspondence

……………………………….....................................................................................................

Telephone No., E-mail Address

**Dean of the Faculty of ............................**

**of Wroclaw Medical University**

**APPLICATION**

**for granting consent for repetition of a semester/year\*\*\***

I kindly request that the consent for repetition of the ………………. semester/year\*\*\* of studies be granted.

**Justification for the application**

(Date and Applicant’s Signature)

**The list of courses to be completed together with ECTS points**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

 (Signature and Stamp of the Dean’s Office Employee)

**The Dean’s decision**

 (Date and Dean’s Signature)

\*degree of studies: first-degree studies, second-degree studies, uniform master's degree studies

\*\*mode of studies: full-time, part-time

\*\*\*delete as appropriate