

Warsaw,
(date)

(name and surname).....

(student ID No).....

(year of studies, term).....

(e-mail)

Vice Dean For the English Dentistry Division
and International Cooperation and
electroradiology
Professor Piotr Regulski, DMD, PhD
Faculty of Medicine and Dentistry
English Dentistry Division
Medical University of Warsaw

APPLICATION

I would like to request a conditional admission to the winter/summer* examination session in the academic year..... I have not received credits from the following subjects:

1.

2.

I have received the credits for other subjects scheduled in the winter/summer* examination session.

With kind regards,

.....

(Student's signature)

There is a possibility of making up for the classes and achieving the outstanding credits before the beginning of the nearest retake examination session.

.....

(signature of the Head/s of the organizational unit/s responsible for the outstanding classes)

The Dean's decision:

.....

.....

(Dean's signature and seal)

* Delete as appropriate