

Student

.....
(name (s) and surname)
.....
(student's number)
.....
(field of study, spacialization)
.....
(form of studies –full-time./part-time., form of education-long-cycle/ first-cycle/second-cycle.)
.....
(year of study/semester)
.....
(telephone number)

Warsaw,

Application submitted on.....
Registration No.:.....

Dean

.....
.....
(name of the Faculty)
Medical University of Warsaw

APPLICATION

I apply for permission to repeat in the academic yearthe **following courses**

.....
.....

Justification:
.....

.....
Student;s signature

Pursuant to § Study Regulations of the Medical University of Warsaw, introduced by the Resolution of the Senate of the Medical University of Warsaw No. of

I agree to repeat the courses in accordance with the application and I oblige you to pay the fee for repeating the above-mentioned courses in the amount of PLN/EUR, to the account number, within the dates specified in the agreement concluded with the University, under pain of being removed from the list of students.

Pursuant to Article. 107 § 4 of the Code of Administrative Procedure, the justification of the decision was omitted, because it fully takes into account the request of the party.

.....
Date and signature of the Dean

I don't agree to repeat the above mentioned courses

Justification:
.....

.....
Date and signature of the Dean

The decision may be appealed against to the Rector of the Medical University of Warsaw within 14 days from the date of delivery of the decision.

I received on:
Date and signature of the student