

Application was submitted at the Dean's Office:

(date, signature and stamp of Dean's Office Registrar)

Katowice,
date

Student name : _____
Student ID # : _____
Major : medicine
Specialty : N/A
Year of study : _____
Phone number / E-mail: _____
Mailing address : _____

**Marek Waluga, MD, PhD
Vice-Dean of the School of Medicine
Medical University of Silesia
in Katowice**

APPLICATION FOR REPEATING

I hereby request the approval to **repeat against payment** the following courses in the medical program in semester / year of study in the academic year

Reasoning:

.....
Student signature

According to the Rules and Regulations at the Medical University of Silesia in Katowice application for repeating against payment semester / year of study in the academic year has been **approved / disapproved***.

.....
Date and Dean's signature

* delete as appropriate