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| Application was submitted at the Dean's Office:<br><br><br><hr/> <small>(date, signature and stamp of Dean's Office Registrar)</small> |
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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 CONDITIONAL ENROLLMENT  
IN SUBSEQUENT YEAR OF STUDY**

I hereby request conditional enrollment in ..... year in the academic year ..... due to  
no satisfactory academic progress in ..... semester in the following courses:

.....  
.....

.....  
Student signature

Teachers' opinion:

.....  
.....  
.....

.....  
Dates, teachers' signatures and stamps

According to the Rules and Regulations at the Medical University of Silesia in Katowice application  
for conditional enrollment in subsequent semester has been **approved / disapproved\***. Above listed  
courses must be completed before .....

.....  
Date and Dean's signature

\* delete as appropriate