

Application was submitted at the Dean's Office: <hr/> (date, signature and stamp of Dean's Office Registrar)
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Katowice,
date

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

**Professor Tomasz Francuz, MD, PhD
Dean of the Faculty of Medical Sciences
in Katowice
Medical University of Silesia in Katowice**

**APPLICATION FOR CONDITIONAL ENROLLMENT
IN SUBSEQUENT YEAR OF STUDY**

I hereby apply for conditional enrollment in year of study in the academic year
due to no satisfactory academic progress in year in the following courses:
.....
against payment for repeated courses*.

.....
Student signature

Teachers' opinion:

.....
.....

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

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

.....
Date and Dean's signature

* for classes repeated due to no satisfactory academic progress, including repeating while accepted for conditional
enrollment, student is charged the fee in the amount specified in Rector's Resolution
** delete as appropriate