

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 : _____

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

APPLICATION FOR RE-ADMISSION

Based on § 23 items 1 and 2 of the Study Regulations of the Medical University of Silesia in Katowice I hereby apply for **re-admission** to year of study in International/European* medical program in English language.

Reasoning:

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Enclosures:

1. Health certificate confirming no objections to take up medical studies.

.....
Student signature

* delete as appropriate

Applicant was withdrawn on due to
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.....

.....
Signature of the Dean's Office Registrar

I hereby **approve / disapprove*** the re-admission upon obtaining passing scores in control exams
in the following courses:

1.
2.

.....
Date and Dean's signature