

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 REPEATING

I hereby apply for **repeating against payment** the following courses in the medical program
in semester / year of study in the academic year

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Reasoning:

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.....

.....
Student signature

According to Study Regulations at the Medical University of Silesia in Katowice this 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