

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

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