

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 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 medical program in English language.

Reasoning:

Enclosures:

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

.....
Student signature

Applicant was withdrawn on due to
.....
.....

Number of previous decisions for repeating:

Number of previous decisions for conditional enrollment:

Student has previously applied for re-admission

.....
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