

Application was submitted at the Dean's Office:

\_\_\_\_\_  
(date, signature and stamp of Dean's Office Registrar)

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 REPEATING

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

Reasoning:

.....  
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