

Application was submitted in the dean's office:

.....On.....

(Date, signature and stamp of employee of the dean's office receiving the application)

Surname and first name:

Student register no.:

Major:

Specialization:

Degree:

Form of studies:

Date of commencement of studies:

Year of studies:

Telephone/email in the @365.sum.edu.pl domain:

Address of correspondence:

**Dean of
Faculty.....
of the Medical University of Silesia
in Katowice**

APPLICATION

I hereby request to obtain consent for **retaking.....year* in the academic year**
.....due to failure to pass the following subjects:

.....
.....

Student signature

In accordance with the Bylaws of Studies at the Medical University of Silesia in Katowice I hereby
grant consent / do not grant consent* for retaking of.....year of studies in the academic year.

Date and signature of authorized person