

.....  
Application filling date

.....  
Name and surname of the applicant

.....  
Student ID No.

.....  
Year of the program, semester, field of study, level\* and mode\*\* of study

.....  
Mailing address

.....  
Phone number and e-mail address

**Dean of the Faculty .....**  
**of Wrocław Medical University**

**APPLICATION**  
**for approval to retake the semester/year\*\*\***

I hereby apply for approval for the retake of ..... semester/year\*\*\* of the program in the academic year of 20..... / 20.....

**Justification:**

.....  
.....

\_\_\_\_\_  
(date and legible signature of the applicant)

**A list of subjects to be completed, including ECTS points**

.....  
.....

\_\_\_\_\_  
(date, seal and signature of the Dean's Office staff member)

**The Dean's response to the application:**

I hereby give/refuse to give\*\*\* my consent to the retake of ..... semester/year\*\*\* of the program in the academic year of 20.... / 20....

The necessary condition for completion of ..... semester/year\*\*\* of the program in the academic year of 20 ..... / 20 ..... is the completion of the aforementioned subjects by the deadline of .....

\_\_\_\_\_  
(date, seal and signature of the Dean)

.....  
\* level of study: first cycle program, second cycle program, full cycle Master's degree program

\*\* mode of study: full-time, part-time

\*\*\* delete as appropriate