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Application filling date

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Name and surname of the applicant

.....
Mailing address

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

Dean of the Faculty
of Wrocław Medical University

APPLICATION
for approval to the resumption of studies

I hereby apply for approval to my resumption of studies at the Faculty of....., Wrocław Medical University, field of study level of study* mode of study** year of the program

The decision on my removal from the student register was issued on

So far I have completed semesters of the program.

I declare that I have not previously used the right to the resumption of studies.

Justification:

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The following are enclosed to the application:

Medical certificate confirming the applicant's ability to study in the given field.

(date and legible signature of the applicant)

A list of subjects to be completed due to curricular differences, including ECTS points:

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.....

The applicant has obtained ECTS points so far.

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

Response to the application (for drawing up an administrative decision of the Dean):

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.....

(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*