



.....
(Name and Surname)

Kraków,r.
(Date)

FACULTY OF MEDICINE AND HEALTH SCIENCES

Field of study: Medicine - studies in English

Student's ID number:.....

Year of studies:..... Semester:.....

Full-time studies

Level of studies: long-cycle Master's degree

Prof. KAAFm dr Janusz Ligęza
The Dean of the Faculty of Medicine and Health Sciences
Andrzej Frycz Modrzewski Krakow University

I kindly ask for the conditional short term pass for the.....semester in the *winter/ summer* semester* in the academic year for the following course(s)* :

- 1).....ECTS
- 2).....ECTS
- 3).....ECTS
- 4).....ECTS

The application can be submitted only by a student who lacks no more than 12 ECTS to pass the semester.

I declare that I have read § 39 par. 2 of the Regulations of Studies at Andrzej Frycz Modrzewski Krakow University and I confirm that the information provided by me is complete and consistent with the facts.

.....
(student's signature)

Attachments to the application:

- 1.
- 2.

Dean's Office comments:.....
.....
.....

Dean's decision:

Pursuant to § 39 par. 2 point 1 and par. 3 of the Regulations of Studies at Andrzej Frycz Modrzewski Krakow University I *agree / do not agree** to the conditional short term pass till.....
.....

Justification of the rejection:
.....
.....

Krakow, (date)

Dean's signature and seal:

Instruction:

This decision may be appealed to the Rector of the Andrzej Frycz Modrzewski Krakow University through the Dean of the Faculty of Medicine and Health Sciences within 14 days of the decision reception.

I acknowledge the receipt of the decision:.....
(date and student's signature)

* cross out irrelevant