



.....

(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. KAAFMDr Janusz Ligęza  
The Dean of the Faculty of Medicine and Health Sciences  
Andrzej Frycz Modrzewski Krakow University**

I kindly ask for the permission of repeating ..... semester in the *winter/summer semester\** of the academic year ..... and recognition of grades in accordance with the Regulations of Studies due to the following reason(s) .....

.....  
.....

.....  
(student's signature)

Attachments to the application:

- 1. ....
- 2. ....

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

**Dean's decision:**

Pursuant to § 39 par. 1 point. 2 and § 40 par. 1 of the Regulations of Studies at Andrzej Frycz Modrzewski Krakow University I *agree / do not agree\** to the repetition of the semester and recognition of grades.

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