



.....  
(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 permission to take in advance the following course(s) from the ..... semester:

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

due to the *semester repetition / long-term leave of studies\** .

.....  
(student's signature)

Attachments to the application:

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

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

**Dean's decision:**

Pursuant to § 42 par. 1 of the Regulations of Studies at Andrzej Frycz Modrzewski Krakow University I *agree / do not agree\** to the take in advance *the above mentioned course(s) / the following course(s)\**:

.....  
.....  
.....

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