

.....
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 conditional admission

I hereby apply for approval to my conditional admission to semester in the academic year of 20..... /20.....

due to***:

- my failure to complete not more than 2 subjects, excluding curricular differences resulting from student mobility specified under § 55 of the Academic Regulations of Wrocław Medical University, or
- the need to complete the curricular differences.

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 approval*** to conditional admission to semester of the program, in the academic year of 20 / 20

The necessary condition for completion of semester 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