Załącznik nr 2 do zarządzenia nr 49/XVI R/2025 r.

Rektora Uniwersytetu Medycznego we Wrocławiu

z dnia 25 kwietnia 2025 r.

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| Date of notice completion |  |

**NOTICE OF OBJECTIONS TO THE FORM AND CONTENT OF AN EXAM QUESTION**

**Submitted by a student directly after the exam**

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| 1. **Details of the individual lodging the objection** | |
| 1. Name and surname |  |
| 1. Degree programme |  |
| 1. Student record book number |  |

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| 1. **Data regarding the degree programme** | |
| 1. Faculty |  |
| 1. Degree programme |  |
| 1. Level  *(1st Degree/ 2nd Degree/ Uniform Master Studies)* |  |
| 1. Form  *(full-time/ part-time)* |  |
| 1. Year |  |
|  | |
| 1. **Data regarding the exam to which there have been objections** | |
| 1. Course |  |
| 1. Date of the exam |  |
| 1. Exam type   *(early exam („przedtermin”)/ exam/ first resit exam/ second resit exam)* |  |
| 1. Form of exam (*exam: written, oral, practical, mixed)* |  |
| 1. Name and surname of the lead examiner |  |

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| 1. **Description of the objection** | | |
| **No** | **The objection regards:**  **the** form/ content of the exam question | **Detailed description of the objection** *In the case of the objection regarding the content, please state the number of the question and the full text of the question.* |
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| Signature of the individual lodging the objection | |  |
| 1. **Resolution of the objection by the lead examiner** | | |
| **No of the objection** | **The resolution and its justification** | |
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| Date of the resolution |  |
| Signature of the lead examiner |  |