

Application was submitted in the dean's office:

(Date, signature and stamp of employee of the dean's office accepting application forms)

..... on:

Surname and first name:

Index no.:

Major:

Specialization:

Level of studies:

Form of studies:

Profile of learning

Date of commencement of studies:

Year of studies:

Telephone/email in the @365.sum.edu.pl

Domain: Address of correspondence:

**Dean
of the Faculty of Medical Sciences in Katowice
Medical University of Silesia
in Katowice**

APPLICATION FOR CONDITIONAL ENROLLMENT IN SUBSEQUENT YEAR OF STUDY

I hereby kindly apply for conditional enrollment in year of study in the academic
year due to no satisfactory academic progress in year in the
following course/courses:

.....
against payment for repeated course/courses.

Student signature

I grant consent/do not grant consent *

Above listed course/courses must be completed before

Date and signature of authorized person

* delete as appropriate