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 RE-ADMISSION

I hereby kindly apply for re-admission to ……..... year of study in the academic year ……..

Justification:

……..

……..

……..

……..

……..

……..

Appendices:
1. Health certificate confirming no objections to take up medical studies
2.
3.

_____
Student signature

Applicant was withdrawn on ……..…… due to ……...……..….

……..……

_____
Signature of the Dean's Office Registrar

I grant consent/do not grant consent * upon obtaining passing scores in control exams in the following courses:

1. …….
2. ……

_____
Date and signature of authorized person

* delete as appropriate