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 REPEATING

I hereby kindly apply for repeating against payment the following course/courses in …… year of study in the academic year ……..…...:

……

Justification:

……..

……..

……..

……..

……..

……..

……..

……..

_____

Student signature

I grant consent/do not grant consent *

_____

Date and signature of authorized person

* delete as appropriate