Wrocław, ……………………. (date)

……………………………………….

*First name and surname*

Grade book no. ......................... **concerning**

Year in which degree programme started ………… **third and next course repetition**

Year .............. Semester ................... **(fourth and next attempt)**

Degree prog. ...................... Specialisation ...........

**HM Rector**

of Wrocław University of Science and Technology

Pursuant to the Regulations of Studies at WUST, § 17, I kindly request your permission for me to repeat the following courses in the summer/winter\* semester of the academic year ……………..

No. Course code Course name Number of Rep. no. Fulfilled

hrs/sem. in semester

1. …………………………….. ……………………………. …………… ………… ………………..

2. …………………………….. ……………………………. …………… ………… ………………..

3. …………………………….. ……………………………. …………… ………… ………………..

4. …………………………….. ……………………………. …………… ………… ………………..

…………………………………..

Student’s signature

………………………………….. …………………………………….

Dean’s opinion HM Rector’s decision

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**Application concerns only one semester**

\*) delete as appropriate