To be filled by the Dean’s Office

Received / Otrzymano ………………………

Signature / Podpis ……………………………

Name and Surname…………………………………………

*Imię i nazwisko*  Łódź, date / dnia.....................................

Student ID number………………………………………….

*Nr albumu*

Program…………………………………………………….

*Kierunek*

Year of Studies……………………………………………..

*Rok studiów*

Phone number …………………………….............................

*Numer telefonu*

Mailing address………………………………………………

*Adres do korespondencji*

**Prof. Sebastian Kłosek, MD, DMD, PhD**

**Vice-Dean for Studies in English**

**Faculty of Medicine**



## **REQUEST FOR A RE-ENROLMENT IN THE SAME SEMESTER**

## ***PODANIE O PONOWNY WPIS NA TEN SAM SEMESTR***

I hereby request to be given a consent for a re-enrolment in the semester (repetition of a semester) …..

*Proszę o wyrażenie zgody na ponowny wpis na semestr (powtarzanie semestru) …..*

due to the failure to pass the course(es):

*z powodu niezaliczenia przedmiotu (ów):*

1.…………………………………………………………………..

2.…………………………………………………………………..

3.…………………………………………………………………..

**Justification/*Uzasadnienie*:**

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Student’s signature/ *Podpis studenta*

Attachments (if needed)/ *Załączniki (jeśli potrzebne):*

- A course coordinator’s opinion */ opinia kierownika przedmiotu*

**To be filled by the Dean’s Office:**

*Wypełnia pracownik Działu Obsługi Studenta*

The student obtained ........... ECTS points ( %) for the semester ……   
in the academic year ………

*Student uzyskał ……… punktów ECTS (…%) za semestr ………. w roku akademickim ……….*

……………………..........................……..

Date, signature and stamp of the Dean’s Office employee

*Data, podpis i pieczątka pracownika dziekanatu*

**Vice-Dean’s decision/ *Decyzja Prodziekana*:**

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...........................................................

*Date, Vice-Dean’s signature/*

*Data, podpis Prodziekana*