**Request for repetition of courses**

Wrocław, on

Student’s name:

Student’s number:

Mailing address:

Contact (telephone number, e-mail address):

Field of study:

Year of study:

Studies: first/second cycle, full-time/part-time

**Mr / Mrs**

**Deputy Dean of the Faculty of Languages, Literatures and Cultures of the University of Wrocław**

I hereby request [*select the relevant option*]:

[ ] the permission to repeat the courses I failed in the semester

and the conditional permission to continue studies in the semester.

[ ] the permission repeat the courses I failed and to be re-enrolled for the semester

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course name | Course form (lecture, discussion classes, classes, seminar) | Number of hours | Number credits | Fee |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

[*It pertains to the re-enrolment for the semester*].

I hereby request the permission to complete the following courses in advance:

|  |  |  |  |
| --- | --- | --- | --- |
| Course name | Course form (lecture, discussion classes, classes, seminar) | Number of hours | Number credits |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Yours sincerely,

*(handwritten signature)*

Possible curriculum differences:

Opinion and signature of the relevant institute/chair deputy head: