Wrocław, date

name and surname

year and program of study

index number

Dean of the Faculty of Social Sciences

**Application for conditional permission to continue studies in the next semester / re-entry for the semester**

I am asking for the possibility to **(mark as appropriate with “X”)**:

[ ] retake courses failed in ......... semester subjects and be conditionally permitted to continue studies at the semester ..............

[ ] retake the failed courses and re-enter the semester ..........

**Failed items:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **To be completed by the student** | | **To be completed by  the Dean’s Office** | | |
| Courses | Semester | Hours of lecture | Hours of seminar | Fee |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| Total: |  |  |  |  |

**The deadline for submitting the application at the Dean's Office is three business days from the end of the retake examination session.**

Date and student’s signature …………………………………………

|  |  |
| --- | --- |
| **To be completed by the Dean’s Office** | |
| Confirmation of receipt of the application | Obtained ects points (§35, section 3, min.10 points) |
| **Decision of the Vice-Dean** |