

Wrocław, date.....

Student's name and surname:.....

Year of studies:.....

Index number:.....

**The Dean of Medical Faculty
Wrocław Medical University**

Request for reactivation of examination/credit term*

I kindly ask for granting me the consent for reactivating examination/credit term* from subject

.....

The reason for the request is

(the original of the required statement is available in the attachment)

.....

Date and student's signature

Student is obliged to apply in the dean's office immediately after obtaining an opinion from a person responsible for teaching the subject, not longer than 3 working days after the reason of absence ceased to exist.

The opinion of department's head or a person responsible for teaching the subject referring to reactivation of examination/credit term* after the deadlines set by the Dean of Medical Faculty:

I do not grant my consent to the student's request for the reason of

.....

I hereby grant my consent the student's request and set the reactivated date until

.....

.....

date, seal and signature of department's head
or a person responsible for teaching the subject

The Dean's decision:

.....

.....

.....

.....

Date and Dean's seal and signature

it arrived on:

* delete as appropriate