

.....
Filed on

.....
Applicant's full name

.....
Mailing address

.....
Tel no. and email address

Dean of the Faculty of
Wrocław Medical University

APPLICATION
for approval to resumption of studies

I hereby apply for approval to my resumption of studies at the Faculty of.....,
Wrocław Medical University, field of study level*, mode of
study** year of the program

The decision on my removal from the student register was issued on

So far I have completed semesters of the program.

I declare that I have not used the right to the resumption of studies at any time before.

JUSTIFICATION

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

The following is attached to this application:

Medical certificate confirming the applicant's ability to study in the given field.

(date and applicant's signature)

A list of subjects (modules) to be completed due to curricular differences, including ECTS points:

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

The Applicant has obtained ECTS points so far.

(dated, stamped and signed by the Dean's Office staff member)

Response to the application (for drawing up an administrative decision to be issued by the Dean):

.....
.....

(dated, stamped and signed by the Dean)

* level: first cycle (undergraduate) program, second cycle (graduate) program, full cycle Master's degree program
** mode of study: fulltime, part-time (extramural)