……………………………………………………………. Rzeszów, …….……………………………..

first name and last name

…………………………………… ………………..

albumu number year of study

medical field

…………………………………………………………….

field of study

full-time studies

…………………………………………………………….

form of study

uniform Master's - paid studies

…………………………………………………………….

 level of education

…………………………………………………………….

correspondence address

…………………………………………………………….

phone number, e-mail

**Dean of the College of Medical Sciences**

**University of Rzeszów**

I am asking for permission for/to:

* ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
* remove me from the list of students, major in medicine 1 year english division
* the individual organization of studies in the semester / year \* ................. in the academic year ............... / ...................
* the commission exam in the subject. ..............................................................................................................
* the conditional entry for the semester ................... in the academic year ................... / ................... with the obligation to repeat the subject. ................................................... .................................................................
* repeat ................. semester of studies in the academic year ................... / ...................
* a long-term vacation in the semester / year \* ................. in the academic year ............ ... / ... ................
* a short-term vacation in the period from ........................... to ...........................
* to resume studies at ................. semester in the academic year ................... / ...................

Substantiation:……………………………………………………………………………………………………..…………………………………

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

……………………………………………….……………

(student's signature)

Dean's decision:…………………………………………….……………………………………………………………………………………..….

……………………………………………….……………

(date and signature of the Dean)

\* - delete as appropriate