

.....  
first name and last name

Rzeszów, .....

.....  
album 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 Faculty of Medicine  
Medical College  
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:.....

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.....

.....

(student's signature)

Dean's decision:.....

.....

(date and signature of the Dean)

\* - delete as appropriate