Wrocław,date……………………..

Full name of student………………………

Student’s book number……………………

Field of study……………………………...

Degree………………………..

Year and Semester……………

**Rector of the Univeristy**

**of Science and Technology**

**Application for retaking the course above the limit**

I kindly request for a possibility to attend the following course for the ……………………… time

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nr | Course name (form) | Course code and form | Number of hours | Realization number | ECTS points |
|  |  |  |  |  |  |

 ..…………………………...

 Date and student’s signature

Dean’s opinion:

 ..………………………….

 Dean’s signature

Rector’s decision:

..…………………………

 Rector’s signature