Kraków, ***Select a date***

***Click to add name and surname***

*Name, surname*

***Click to add student number***

*Student number*

***Choose a field of study*** *-* ***Choose a degree of study and semester***

*Degree, year i semester of studies*

***Click to add e-mail***

*e-mail*

***Click to add phone number***

*phone number*

full-time studies

***Choose the vice-dean of your field of study***

 Vice Dean for Education

Faculty of Electrical Engineering, Automatics,

Computer Science and Biomedical Engineering

**Podanie o powtarzanie semestru**

**Request for repeating the semester**

I hereby request for approval to repeat the winter/summer semester number ***Choose a semester*** in the academic year: ………………………………

with the possibility of re-participation in the following courses I failed to complete:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| L.p. | The course nameYou should write down the full name of ALL overdue courses | Semester number from which there is a backlog | The number ECTS credits | The total number of hours of the course | The amount of the fee for 1 hour of didactic classes\*\* | Fee for an overdue course | The Faculty/Institute to which the payment is being made |
| 1. |   |   |   |   |  |   |   |
| 2. |   |   |   |   |   |   |   |
| 3. |   |   |   |   |   |   |   |
| 4. |  |  |  |  |  |  |  |

I hereby declare that I am applying for the first-time repetition of the semester.

Attachment 1 - Study Progress Checklist.

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

(student signature)

**Place for decision:**

I consent / do not consent.

Place for justification of refusal:

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

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

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(Signature of the Vice-Dean for Education)