………………………………, …….……..………….

 city date

……………………………………………………..……..……….………..…........................................…

name and surname

.... year . .... sem. ..... degree, ....................

 year/semester, degree, major, specialty/module, full-time/part-time studies

……………………………………………………..……..……….………..…........................................…

album number

Ryszard Lorenczewski, PhD

Vice-Dean for Students

NCU WNEiZ in Toruń

# Application for approval to repeat year of study

Please agree to repeat ...... year of studies I – ego degree / II – ego degree in academic year 20...... / 20 ......... due to failure to pass the following subjects:

1.

2.

3.

4.

5.

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

 student's signature

\* delete where not applicable

**Dean's decision**

I agree/do not agree to the repetition of the year in the academic year ..................................

…………………………………………………………

date and signature of the dean

**Dean's note:**

USOS data compliance: yes / no

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

 date and signature of the dean's office employee