Wrocław, date …………………

……………………………………….

*Name and surname*

Student ID…………………………….. **concerns**

Year of start of study…………………… **4th and next realization of the course**

Year…………. Semester ……………..

Field of study……….. Specialization. …………….

**JM Rector**

of the Wrocław University of Science and Technology

According to the Regulations governing studies at WUST § 22, I kindly ask for approval for the repetition of the following courses in the winter/summer\* semester in the academic year ……….

Lp. Course code Course name Nr of realization

1. …………………………….. …………………………….………….…… …………

2. …………………………….. …………………………….………….…… …………

3. …………………………….. …………………………….………….…… …………

4. …………………………….. …………………………….………….…… …………

…………………………………..

Student’s signature

………………………………….. …………………………………….

Dean’s opinion JM Rector’s decision

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**Request concerns only one semester**

\*) cross out inappropriate