

Sopot,

.....
student's name and surname

.....
home address

.....
telephone no., e-mail address

.....
student's record book no.

.....
form of studies / field of study / specialisation

.....
year / semester of studies

Tomasz Gutowski, PhD

Deputy Dean for Student Affairs and Education

Faculty of Economics, University of Gdańsk

Due to a failure to pass in winter/summer* semester
(academic year)
the following course/courses*:

No.	Name of the course/courses	Tutorials/ Lectures	Assessment/ Exam
1			
2			
3			
4			
5			

I would like to apply for permission to repeat semester (put the number of the semester)
in the academic year

Simultaneously, I would like to ask for setting specified differences in the study program caused by the changes in my study plan and indicating the deadline to make them up.

In accordance with § 8 section 1 of the University of Gdańsk Senate Resolution 64/14 of September 25, 2014 regarding conditions of payment for University courses of study, educational services rendered by the University of Gdańsk, and the procedures and conditions for waiving such payments, with subsequent amendments, **I agree to pay fee for repetition within 14 days from the date of submission this application.**

.....
Student's signature

* delete if inapplicable