**REQUEST FOR RETAKING COURSES**

Wrocław, on

Student’s name and surname:

Student’s identification number:

Place of residence:

Contact (e-mail address, phone number):

Field of study:

Year of study:

Studies: first-cycle/second-cycle full-time/part-time

**Mr/Ms**

**vice-dean of the Faculty of Letters of the University of Wrocław**

I hereby request for allowing me to retake the courses which I have not passed:

|  |  |  |  |
| --- | --- | --- | --- |
| **Course name** | **Couse form (lecture, discussion classes, seminar)** | **Number of hours** | **Payment (PLN 11/1 hour)\*** |
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| **Total** | | | |

\*\* For studies in English, EUR 5 or its equivalent in PLN

And the dean’s leave in semester

of the academic year

At the same time, I declare in the previous semester (year), I obtained the minimum ECTS credit number (10 for a semester, 20 for a year) which is required for retaking courses.

Opinion and signature of the institute’s/chair’s head/vice-head for teaching

Yours sincerely,

(handwritten signature)