



 Place and date

 First name and Surname

 Student's number

 Field of Studies

 Level (1st or 2nd)

year semester.....

 Address for correspondence

 e-mail

 phone number

 Vice Dean of the Faculty of Economics

Repeating the semester

I kindly ask you to give me consent to repeat the semester in the academic year

In the semester I did not pass the following modules:

- | | |
|---------|------------|
| 1. | ECTS |
| 2. | ECTS |
| 3. | ECTS |
| 4. | ECTS |
| 5. | ECTS |

In addition to the modules listed above, I have to pass the following modules from previous semesters:

- | | |
|---------|------------|
| 1. | ECTS |
| 2. | ECTS |
| 3. | ECTS |

Reason

.....

 Student's signature

Decision of the Vice Dean:

Acting under the Study Regulations at the Warsaw University of Life Sciences § 28 section 3, I consent/do not consent to repeating the semester in the academic year

 Date

 Signature