1398040000.441.3.

Łódź (date)………………………

.................................................................................   
(Student's name and surname)

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

(Student’s album number)

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

(Field of study, speciality)

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

(Year of studies, degree)

**Vice-Dean for Student Affairs**

**Faculty of International and Political Studies**

**Application form for consent to repeat a semester / year**

I am asking for **consent to** repear a \*(Delete as appropriate)  
……………………………….. semester in the .........................................academic year the …………… academic year in order to repeat the following subject(s):

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

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

I justify my request by the fact that: .....................................................................................................................................................

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

……………………………………………….

Signature

Resolution: I consent/do not consent\* to repeat the semester ......................in the 20...... ...... / 20..............academic year

and I undertake to pay the fee for repeated subjects in accordance with the Order of the Rector of the University of Lodz regarding: the amount of fees for teaching classes at the University of Lodz

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

(date and signature of the Vice-Dean)

The student was informed about the content of the decision immediately after its issuance by e-mail, to the address with the domain identified with the University of Lodz/in person\* on…………………………

\*delete as appropriate

…………….…………………………………………………….

(stamp and signature of a BOS employee)

The day of delivery of the decision is the day the student is informed about its content. Within 14 days from the decision receiving students may apply to the Rector to reconsider the case. The Rector's decision is final.