Date: ……

Student's name: ……..

Index number: ……..

Program: ……..

Dean of the Faculty of Medicine

Medical University of Lublin

I request permission for:

- ☐ Repeating one/more courses: ……..
- ☐ Conditional enrollment in the following semester for 30 days
- ☐ Extension of the examination session by ……
- ☐ Rescheduling an exam in ……
- ☐ Other: ……..

Comments/justification:

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Student's signature:

Office Use Only