

Wroclaw, Date .....

.....  
Name and surname  
(Imię i nazwisko)

.....  
Field of study, Year of study  
(Kierunek studiów, rok studiów)

.....  
Student identification no.  
(Numer albumu)

.....  
Mobile phone, e-mail  
(Telefon kontaktowy, adres e-mail)

prof. dr hab. Dagmara Jakimowicz  
Vice-Dean for Teaching  
Faculty of Biotechnology, UWr

In accordance with § 27, section 10 of the Regulations of Studies at the University of Wrocław, I apply for early assessment(s) of the winter / summer\* semester course(s) listed below.

1. ....
2. ....

I do confirm that I am the student of the last semester of my studies and before the date of this application I failed not more than two courses in total. I have failed the following courses:

1. Winter semester:.....
2. Summer semester:.....

Till the date, I have completed all other courses provided in the BSc Biotechnology / MSc Medical Biotechnology\* curriculum.

\*delete as appropriate

Yours sincerely

.....  
(legible signature)

