

Name
Address
.....
Phone number.....
E-mail.....

APPLICATION FOR DETERMINATION OF THE COURSE REASSESSMENT FEE

Date.....

Faculty

Field of the study

Studies: long-cycle first-cycle second-cycle third-cycle

Form of the study: full-time part-time

Year of the study

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(student's/PhD student's signature)

Validation:

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Pursuant to ORDINANCE No. Of THE RECTOR OF THE UNIVERSITY OF WROCLAW of
.....,

I hereby determine the following course reassessment fee:

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