Wrocław, ………………..

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

Name and surname

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

Field of study, year of completion

………………………………………….………..

Student identification no.

I declare that **I have / have not**\* received a credit for all modules of classes and the required number of ………………… ECTS points provided for the **1st / 2nd**\* study programme at the Faculty of Biotechnology, University of Wrocław.

**fill in, if applicable:**

I have taken the last retake exam in ........................................................ on ........................... Results will be announced on ……………………………………….……………….……. I undertake to immediately inform the Supervisor and the Dean's Office in case of failure.

…..........…………………

Student’s signature

\* delete as appropriate