

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

I would like to request conditional permission to continue my education in the  
..... semester, for the failed courses .....

.....  
My deficit of ECTS points in a given grading period is....., and the total deficit of  
ECTS points is .....

Sincerely

.....  
**Signature**  
(Podpis)