

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 permission to retake the courses that I have failed
in the academic year

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.....
.....

Sincerely

.....
Signature

(Podpis)

