Gdańsk, …….……………………………

………………………………….………………….

*student’s name and surname*

………………………………….………………….

*telephone no., e-mail address*

………………………………….………………….

*student's record book no.*

………………………………….………………….

*form of studies / field of study / specialisation*

………………………………….………………….

*year / semester of studies*

**Barbara Wolnik, PhD**

Deputy Dean for Student Affairs and Education

Faculty of Mathematics, Phisics and Informatics, University of Gdańsk

 I would like to apply to study in the next grading period in semester ………………….. (put the number of the semester) in the academic year ……….……… with ECTS points deficit of ………….…. from the course/courses\*:

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Name of the course | Exam/ Assessment | ECTS points |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

I agree to pay fee for points deficit within the period specified in the Agreement on the rules of the amount and collection of fees for the educational services offered by the University of Gdańsk\*\*.

……………………………….……………….

Student’s signature

*\* delete*