……………………………………………………… Wrocław, …................... 20.........

 name and surname

………………………………………………………

 field and degree of studies

………………………………………………………

 year and semester of studies

………………………………………………………

Faculty of Earth Sciences and Environmental Management of the UWr

Vice-Dean for teaching

dr hab. Waldemar Spallek

 index number

………………………………………………………

 email address

………………………………………………………

 phone number

I request the possibility **to take an exam after the end of the re-sit session** (maximum 10 days after its end) in the subject of ……………………………………
…………………………………………………………………………………………………………………………………………………………
carried out in a semester …………………………………… of the academic year 20……… / 20………

On the day of ………………………………………………… I have obtained permission from the examiner to reinstate first / second examination date (*tick as appropriate*).

Explanation of the reason for not taking the examination at the time indicated above:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

I attach the following attachments to my application:

1. ………………………………………………………………………………………………………………………………………………………

2. ………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………

student’s signature

Examiner’s proposed examination date: ………………………………………………………………………

…………………………………………………………………………

date and examiner’s signature

*the opinion of*

 *the Director of Teaching*