Opole, *(fill in!)……………*

|  |  |
| --- | --- |
| Forename and surname: | *(fill in!)* |
| Student registration number: | *(fill in!)* |
| Year and field of study: | *(fill in!)* |
| Telephone number: | *(fill in!)* |
| E-mail address: | *(fill in!)* |

dr hab. Adam Drosik, rofesor of the University of Opole

Dean of the Faculty of Political Science

and Social Communication

**Application for permission**

**to resit courses failed in a semester**

 Pursuant to §25 pkt.1, ppkt.2 of the University of Opole Study Regulations of 29 April 2021, I request permission to resit the courses failed in semester ............, in the academic year ....................

Failed courses: *(fill in!) …………………………………………………………………………………...*

………………………………………..

 Respectfully yours