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 Grzegorz Haber

Fields of Study Coordinator

Faculty of Political Science

and Social Communication

**Application for permission**

**to resit a final test before a board**

Pursuant to § 24 of the University of Opole Study Regulations of 29 April 2021, I hereby request permission to resit a final test before a board in the following subject:

*(fill in!)……………………………………………………………………………………………………...*

Justification for the application:

*(fill in!)…………………………………………………………………………………………………………...*

Respectfully yours

*(fill in!)………………………………………..*

Faculty Dean’s decision:

…………………………………………………………………………….……………………………………………………………………………………………………………………….