Opole, date………………..

|  |  |
| --- | --- |
| Forename and surname: |  |
| Student registration number: |  |
| Year and field of study: |  |
| Telephone number: |  |
| E-mail address: |  |
| Address for correspondence:  |  |

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 (Appendix to uniform text: Resolution No. 167/2020-2024 of the Senate of the University of Opole of 11 April 2022), I request permission to resit the courses failed in semester ............, in the academic year ....................

Failed courses:…………………………………………………………………………………...

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

\* proof of payment for repeating a semester must be attached to the application

Respectfully yours:

………………………………………..

Faculty Dean’s decision:

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