1398040000.441.4.

Łódź (date)………………

……………………………………………..  
(Student's name and surname)

……………………………………..........  
(Student’s album number)

……………………………………………..  
(Field of study, speciality)

……………………………………………..  
(Year of studies)

**Vice-Dean for Student Affairs**

**Faculty of International and Political Studies**

# **Application for conditional completion of a semester**

I kindly ask for your consent to the conditional completion of the semester ………………… .. in the academic year 20…. / 20…. due to the lack of credit in the course (s):

1) ………………………………………………………………………………………………………………………………………………

2) ………………………………………………………………………………………………………………………………………………

……………………..…………………………  
signature

Resolution: I consent/do not consent\* to the conditional completion of the semester ......................... and I register for the semester …………… .. in the 20........./ 20....... academic year.

I undertake to complete the above-mentioned subject(s) in the semester .................................... in the 20............/20.......... academic year and pay the fee for the condition in accordance with the Order of the Rector of the University of Lodz (regarding: the amount of fees for teaching classes at the University of Lodz).

\*delete as appropriate

............................................................. ..........

(date and signature of the Vice-Dean)

The student was informed about the content of the decision immediately after its issuance by e-mail, to the address with the domain identified with the University of Lodz/in person\* on…………………………

\*delete as appropriate

………….………………..…………………………………….

(stamp and signature of a BOS employee)

The day of delivery of the decision is the day the student is informed about its content. Within 14 days from the decision receiving students may apply to the Rector to reconsider the case. The Rector's decision is final.