|  |
| --- |
| First name and surname  |
| Register number  |
| Faculty  |
| Year and semester of studies |
| Form and level of studies |
| Date  |

 **VICE-DEAN**

 **OF THE FACULTY OF PHILOLOGY**

 **OF THE UNIVERSITY OF LODZ**

 **…………………………………………………**

**Re: final resit exam**

I would like to ask you to give consent to me **taking the final resit exam**

in: …………………………………………………………………………………………

At the same time, I hereby inform you that in compliance with par. 39 point 1 of the Rules and Regulations of Studies at the University of Lodz, 7 days have not yet passed from the date of

announcing the results of the exam which I failed.

*Justification*

***………………………………………………………………………………………………………….***

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**………………………………………………………………………………………………………….**

**………………………………………………………………………………………………………….**

**………………………………………………………………………………………………………….**

 **……………………………………………………….**

(student’s signature)

**DECISION OF THE VICE-DEAN OF THE FACULTY OF PHILOLOGY OF THE UNIVERSITY OF LODZ:**

I agree / I do not agree

Lodz, …………………….. ………………………………………………..

 (signature of the Vice-Dean)

 I hereby accept and acknowledge:…………………………………………………………………… ………………….