|  |
| --- |
| 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*

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

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

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

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

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

**……………………………………………………….**

(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:…………………………………………………………………… ………………….