

Łódź,

.....

(student's full name)

Faculty of Management, UL

Study programme:

Specialisation:

Full-time / Part-time studies*, 1st-cycle / 2nd-cycle*

.....

(year of studies) (student's ID no.)

.....

(address for correspondence, telephone no.)

**Vice-Dean
of the Faculty of Management
University of Lodz**

CONCERNS REPEATING A SEMESTER

I request to be allowed to repeat the semester of the/..... academic year.

Statement of reasons:

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I oblige myself to pass any programme differences in the imposed due date.

I declare that I am aware of the fact that, according to § 5, point 2, subpoint a) of the Rules of Study of the University of Lodz, I can repeat/resume only one semester during the entire period of studies (except for the first semester, which must not be repeated/resumed). After repeating a semester, I will not be able to obtain permission to resume this semester. This means that in case of failing the semester after its repetition (this concerns both the repetition and repetition as a result of resuming), I will be crossed off the list of students without the possibility of continuing the studies. I will be able to begin the studies again after going through the recruitment procedure.

I ask that my request be considered with the positive result.

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(student's signature)