Kraków, on …………………………. *(date)*

……………………………………………………………

Student’s name and surname

…………………

No. of Student album/register

…………………………………………………………………………………….………

Field of study/study major; form, mode, and semester of studies

…………………………………………………………………………………………….

Address for correspondence

**To ………………………..…….………………………,**

**Director of the Institute of ………..………………**

**…………………………..…………………… College**

**Cracow University of Economics**

Pursuant to Article 14 section 3 of the Study Regulations of the Cracow University of Economics, I kindly request permission for an **annual grading period in semesters** ….… **and** …..… **in the academic year** 20 ….. / 20.…. / **another grading period** between ………………………. and …………………………….. for the following reason:

[ ]  in justified, contingency cases [[1]](#footnote-1):

[ ]  an accident resulting in a long-term exclusion from normal functioning

[ ]  severe or long-term illness

[ ]  the necessity to care for a chronically ill family member

[ ]  other/please specify: …………………………………………………………………………..……….......................................
……………………………………………………………………………………………………….……………...................................………………

* [ ]  in connection with going abroad to study, following an international study program, or an internship abroad

Yours sincerely

……………………………………………………….

**Appendices[[2]](#footnote-2):**

1. ……………………………………………………………
2. ……………………………………………………………

**Annual / another grading period**

Regarding the application by: …………………………………………….. (*Student’s name and surname*)

of: ………………………………….. (*date*)

**Information filled in by the Dean’s Office staff:**

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

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(*date*) (*signature and stamp*

 *of the Dean’s Office employee)*

**DECISION OF THE DIRECTOR OF THE INSTITUTE**

According to § 6 section 3 of the Study Regulations of the Cracow University of Economics

* **I GRANT MY APPROVAL** for the grading period of one year for the semesters specified / another grading period from ………………………. to ……………………………..
* **I DO NOT GRANT MY APPROVAL** for the grading period of one year for the semesters specified / another grading period **–** subject to the followingjustification: …………………………………..........……………………..………………………
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…………………………………… ………………………………………………………..

*(date) (signature and stamp*

 *of the Director of the Institute)*

1. Select as appropriate [↑](#footnote-ref-1)
2. Copies of documents/certificates issued by the appropriate bodies/institutions relating to the particular contingency case (please note: the originals must be presented for verification), confirming the circumstances motivating the application of the grading period of one year (or another). [↑](#footnote-ref-2)