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 37 section 1 item 2 and Article 39 of the Study Regulations of the Cracow University of Economics, I kindly request permission for **repeating the semester** ………….. of the academic year ……………... starting from October/February ………. (year) for the following reason[[1]](#footnote-1):

* Failure to complete the …………….. semester of the academic year 20……/20…..
* Failure to pass the repeated course: ………………………………………….[[2]](#footnote-2) from the …………….. semester of the academic year ………………………..

At the same time, I am kindly requesting for all previously completed (passed) courses to be recognized and credited. I declare that I undertake to complete any prerequisites (outstanding due to curricular differences), resulting from the curriculum currently in force. If it is necessary to wait for the starting date of the repeat semester, I would like to request a leave from classes for this period.

Previous academic supervisor:…………………………………………………………………………... (if applicable)

Yours sincerely

……………………………………………………….

**Repeating a semester**

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

of: ………………………………….. (*date*)

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

* To date, the Student **did not use the option / used the option of repeating a semester** ……….. *(how many)* times, …………………….
* The Student **will have to wait to repeat the semester YES / NO**
* Other:……………………………………………………………………………………………………………………………………..……………

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

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

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

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

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

(*date*) (*signature and stamp*

 *of the Dean’s Office employee)*

**DECISION OF THE DIRECTOR OF THE INSTITUTE**

According to Article 24 section 1 item 2 and Article 26 of the Study Regulations of the Cracow University of Economics

* **I GRANT MY APPROVAL** for repeating the …………………. semester starting from ……………. 20………...
* **I GRANT THE RECOGNITION OF ALL THE PREVIOUSLY COMPLETED (PASSED) COURSES**
* **I DO NOT GRANT MY APPROVAL** for repeating the …………………. semester starting from ……………. 20………... –subject to the followingjustification: …………………………………………………………..…………………………………………………..…
……………………………………………………………………………………………………………………………………..……………………………………….

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

**I hereby designate the following prerequisites (due to curricular differences):** …………………………………………………………………………………………………………………..………………………………………………………… ………………………………………………………………………………………………………………………………………………………………………..……

**Conditions and deadlines for the completion of the prerequisites:** …………………………………………………………………………………………………………………..………………………………………………………… …………………………………………………………………………………………………………………………………………………………………………………….

According to § 16 section 1 item 1 of the Study Regulations of the Cracow University of Economics

**I GRANT MY APPROVAL FOR THE SPECIAL-PURPOSE LEAVE** from ………………….. 20………………………. / **NOT APPLICABLE**

…………………………………… …………….... , …………………………………………………..

*(date) (signature and stamp*

 *of the Director of the Institute)*

1. Select as applicable [↑](#footnote-ref-1)
2. Name of the repeated course, which the Student failed to pass [↑](#footnote-ref-2)