

Toruń,

.....
First and Last Name

.....
Course and year of study

.....
Student's ID number

.....
Address

.....
Phone number

Vice-Dean for Student Affairs
The Faculty of Philosophy and Social Sciences
Nicolaus Copernicus University in Toruń

REPETITION YEAR REQUEST

I kindly request for repetition of the year in the academic year 20...../20.....
in connection with the failure to complete the following items on time (*please fill the course
name, type and form of classes, number of hours, lecturer's name*):

1.
2.
3.
4.
5.

I acknowledge that due to the repetition of the year, I may be required to make up for
any program differences.

I will collect the decision in the above case personally / please send it to the address
indicated above. *

.....
Student's signature

* delete as appropriate