

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

DECLARATION OF COURSE RETAKE

I kindly request a permission for conditional registration to the year for the 20...../20..... academic year due to the lack of credit in the following courses and types of classes *(Please fill the name of the course, type and form, semester, lecturer's name. Please also specify whether the teacher requires participation in the classes)*

1.

with the obligation to participate in classes / without the obligation to participate in classes *

2.

with the obligation to participate in classes / without the obligation to participate in classes *

3.

with the obligation to participate in classes / without the obligation to participate in classes *

4.

with the obligation to participate in classes / without the obligation to participate in classes *

.....

Student's signature

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

* delete as appropriate