

Warsaw, .....  
(date)

(name and surname).....

(student ID No).....

(year of studies, term).....

(e-mail) .....

Vice Dean For the English Dentistry Division  
and International Cooperation and general and  
clinical speech therapy  
Professor Ewa Czochovska, DMD, PhD  
Faculty of Medicine and Dentistry  
English Dentistry Division  
Medical University of Warsaw

### APPLICATION

I would like to request a conditional admission to the winter/summer\* examination session in the academic year..... I have not received credits from the following subjects:

1. ....

2. ....

I have received the credits for other subjects scheduled in the winter/summer\* examination session.

**With kind regards,**

.....

(Student's signature)

There is a possibility of making up for the classes and achieving the outstanding credits before the beginning of the nearest retake examination session.

.....

(signature of the Head/s of the organizational unit/s responsible for the outstanding classes)

**The Dean's decision:** .....

.....

.....

(Dean's signature and seal)

\* Delete as appropriate