Student	Warsaw,
(name(s) and surname)	
	Application submitted on
(student's number)	Registration No
(field of studiem, specialization)	
((form of studies –full-time./part-time., form of education-long-cycle/ first-cycle/second	d-cycle.)
(year of study, semestr)	
(telephone number)	Dean
· · · /	
	(name of the Faculty) Medical University of Warsaw
APPLICATION	N
I apply for permission to receive a credit/to take an exam be	efore an examination board in the subject *:
Justification	
	Student's signature
Pursuant to § Study Regulations of the Medical University of Wars Medical University of Warsaw No of	aw, introduced by the Resolution of the Senate of the
I agree to pass/exam before an examination board*.	
Pursuant to Article. 107 § 4 of the Code of Administrative was omitted, because it fully takes into account the request	
	Date and signature of the Dean
I don't agree to pass/exam before an examination board	d*.
Justification:	
	Date and signature of the Dean
The decision may be appealed against to the Rector of the days from the date of delivery of the decision.	he Medical University of Warsaw within 14
I received on:	
Date and signature of the student	