…………………………………….. Wrocław, date…………….

(Surname and name of the Student)

……………………………………..

(Field of study)

……………………………………..

(year and level of studies - 1st cycle/2nd cycle)

……………………………………..

(Student’s ID Number)

……………………………………..

(e-mail of the Student)

**Vice-dean for student affairs and cooperation with the social and economic environment**

**dr hab. Mariola Kuczer**

**Application for re-enrolment in a year of studies**

I kindly request for your consent to repeat the …………… year of studies in the field of chemistry in the academic year …………………

 ………………………………….

 (Student's signature)