		Sopot,	
student's	name and surname		
home add	lress		
	no., e-mail address		
student's	record book no.		
	tudies / field of study / specialisation		
year / sen	nester of studies Tomasz Gu	towski, PhD	
	Deputy Dear	n for Student Affairs and Edu	ication
	Faculty of E	conomics, University of Gda	ńsk
	*		
	Due to a failure to pass in winter/summer* semes	•	licate the academic year)
the fol	lowing course/courses*:	<u></u>	
No.	Name of the course/courses	Tutorials/ Lectures	Assessment/ Exam
1		Dectares	Enum
2			
3			
4			
5			
I would	d like to apply for:		
1.	permission to repeat semester	(put the number of the sem	ester) in the academic
	year		
2.	leave from the courses of study for a period of	winter/summer* semester in	n the academic yea
_			
3.	setting differences in the program caused by the changes in study plans and fixing the deadline to		
	make them up.		
I agree	e to pay fee for points deficit within the period	specified in the Agreement	on the rules of the
	t and collection of fees for the educational services		
		J J	
		Student's signature	
* delet	e if inapplicable		

 ^{** -} once within 14 days from the date of submission of the application - the deadline for Students starting their studies before the academic year 2021/2022
 - once within 14 days from the start of the repeated semester - the deadline for Students starting their studies from the academic year 2021/2022