………………………………….., day of…………………year

…………………………………………. *first and last name*

………………………………………….

 *street and number of house/apartment*

………………………………………….

 *postcode and city*

………………………………………….

 *e-mail address*

………………………………………….

 *phone number*

………………………………………….

*Student’s Registration No. during previous studies*

*place date*

Dear Sir/Madam\*

……………………………………………………………………….

*First and last name and title or degree*

Deputy Dean…………………………………………………….

*Deputy Dean responsible for education or student affairs*

………………………………………………………………...........

 *name of Faculty*

**Application for resumption of studies**

Based on § 58 section 2 of the UG Rules and Regulations for Studies, I apply for permission to resume my studies at the Faculty of …………………………………………………………………………... of the University of Gdańsk, in the field of……………………………………………………………………………., at the semester …...……… in the academic year …………/………….

I hereby declare that:

* I was removed from the list of students in the following field of study ………………………………………….……... ……………………………………………………………., at the semester ………, of the year ………….. of studies, in the academic year …………/…………, due to ………………………………………………………………………………………………………………;
* I have not resumed my studies previously - I have resumed my studies once/twice\* previously in the field of study ………………………………………….………………………..., conducted at the Faculty of ……………………………………….……………………………………………………………… of the University of Gdańsk.

I hereby commit myself:

* to pay all outstanding fees and to reimburse any court costs, if any, incurred by the University of Gdańsk as a result of my being removed from the list of students for failure to pay fees related to my studies;
* to make up - in the case of granting permission to resume – for the indicated programme differences resulting from the study curriculum.

………………………………………………………………...

*signature of the applicant*

Attachment:

* Course of study cards issued by the Dean for Students Office.

CONSENT FORM

I hereby give my consent to the processing of my personal data in the scope including [first and last name, address of residence, telephone number, e-mail address, Student’s Registartion number in the course of my studies so far] by the University of Gdańsk with its seat in Gdańsk (80-309) at 8 Bażyńskiego Street, in order to carry out the procedure of granting permission for the resumption of studies.

I further declare that I have been informed that I may withdraw my consent at any time and that the withdrawal of my consent does not affect the legality of the processing performed on the basis of my consent before its withdrawal.

**Annotations by an employee of the Dean for Students Office/Secretariat of the Institute**

1. Reason for removal from the list of students: …………………………………………………………………………………..
	* removal decision number: ………………………………………, date of removal: ……………………………………..
2. Achievements in the course of study to date:
	* last completed semester: ………………………
	* the list of courses corresponds/does not correspond to the actual course of study:

yes/no\*. *(In case of discrepancies, complete the table, indicating the differences).*

1. The period of time that has elapsed between the removal from the student list and the submission of the application: ………………..………….
2. Scale of programme differences due to change of study programme\*\*:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Name of course | Semester and year of study | Form of credit | Number of ECTS credits |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

1. The applicant's past conduct as a student, including compliance with UG regulations: ………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………….

1. Application submitted by the deadline set by the Deputy Dean: yes/no\*
2. Previous resumption of studies in the course: none/once/twice\*
3. Fee arrears: ……………………………….\*

………………………………………………………………...

 *stamp and signature of an employee of the Dean for Students Office/Secretariat of the Institute*

DECISION OF THE DEPUTY DEAN FOR EDUCATION OR STUDENT AFFAIRS

OF THE DAY ……………………… YEAR

**Mark the appropriate form of decision of the Deputy Dean**

**and then complete and sign the form of decision.**

**Decision to grant permission to resume studies.**

Having considered the request of…………………………………………………………………, from the day **………………….** based on § 58 sections 1, 3 and 4 of the UG Rules and Regulations for Studies, **I grant permission** for …………………………………………………………………………………………. to resume studies at the Faculty ……………….………………………………………………of the University of Gdańsk, in the field of……………………………….. ………………………………….., for the year ............, for the semester ........., from the academic year …………/…………

Under the authority of the UG Rector\*\*

…………………………………………………………………...
*stamp and signature of the Deputy Dean for education or student affairs\*\**

\*\*To be removed if stamped and signed by the Deputy Dean below, under subsequent parts of the decision.

**Additional part of the decision to grant permission to resume studies concerning the obligation to make up for curriculum differences.**

Due to the magnitude of curricular differences resulting from a change in the study programme or the outdating of study programmes due to advances in knowledge in a particular field of study - the body of knowledge that the applicant previously acquired, I am imposing on ……………………………………………….. …………………………………………………………………………… the obligation to complete the following courses:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  No. | Name of course | Semester and year of study | Form of credit | Number of ECTS credits | Credit term |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

Under the authority of the UG Rector\*\*

…………………………………………………………………...
*stamp and signature of the Deputy Dean for education or student affairs\*\**

\*\*To be removed if stamped and signed by the Deputy Dean below, under subsequent parts of the decision.

**Additional part of the decision to grant permission to resume studies concerning the condition of an additional exam to prove knowledge.**

Furthermore, on the basis of § 58 section 5 of the UG Rules and Regulations for Studies, the resumption of studies by ……………………………………………………………………………………………, on the Faculty ………………………………. ……………………………………………………………….…………………………………… of the University of Gdańsk, in the field of……………………………………………………….………………………………………………for the year ............, for the semester ........., from the academic year …………/…………, **is made conditional** on the result of an additional exam confirming the possession of the knowledge, skills and social competences to be able to resume my studies.

Date of exam: …………………………………………………………………………………………………………………………………………

Subject area of the exam:

……………………………………………….……………………………………………………………………………………………………………...

Form of exam

………………………...………………………………………………………………………………………………………….....................................

Composition of the exam committee:

Committee Chairperson:………………………………………………………………………………………………………………………….

Committee member…………………………………………………………………………………………………………………………………

Committee member………………………………………………………………………………………………………………………..............

Under the authority of the UG Rector

…………………………………………………………………...
 *stamp and signature of the Deputy Dean for education or student affairs*

**Decision to not grant permission to resume studies.**

Based on § 58 sections 1 and 3 of the UG Rules and Regulations for Studies, **I do not grant permission** for …………………………………………………………………………………………………………. to resume studies at the Faculty ……….………………………………………………………………………………… of the University of Gdańsk, in the field of ……………….………………………………………………………………………………………………………………….., due to ………………………………………………………………………………………………………………………………………………………………

Under the authority of the UG Rector

…………………………………………………………………...
 *stamp and signature of the Deputy Dean for education or student affairs*

NOTE

This decision may be appealed to the Rector of the University of Gdańsk for reconsideration of the case, submitted through the competent Deputy Dean of the Faculty. …………………………………………………………….… of the University of Gdańsk, within fourteen days from the date of notification of the decision.

**Decision to refuse to initiate proceedings for resumption of studies.**

Based on Article 61a § 1 of the Act of 14 June 1960. - Code of Administrative Proceedings (i.e. Journal of Laws of 2021, item 735, as amended) in connection with § 58 section 2 of the UG the UG Rules and Regulations for Studies, I **refuse** to initiate proceedings for resumption of studies for ……………………………………………………… ………………………………………………………, due to breach of the application deadline set by the Deputy Dean …………………………………………………………………….. of the Faculty ……………………………………………… …………………………………………………………………… of the University of Gdańsk.

Under the authority of the UG Rector

…………………………………………………………………...
 *stamp and signature of the Deputy Dean for education or student affairs*

NOTE

A complaint may be lodged against this decision to refuse to initiate proceedings for the resumption of studies, which shall be submitted to the Rector of the University of Gdańsk, through the Deputy Dean of the Faculty ………………………………………………………………………………………………… of the University of Gdańsk, within seven days of the notification of the decision.

**Receive:**

|  |  |  |
| --- | --- | --- |
| 1. ………………………………….First and last name | Delivery date of the decisionupon receipt………………………………… year.[day, month, year]…………….........…………………….……(signature of the applicant) | Date of dispatch of the decision by registered post with return receipt………………………………… year.[day, month, year]……………………………………………………………(signature of employee of the dean's office/secretariat of the institute) |
| 2. *Ad acta* |  |  |