Gdańsk, date ...............................

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

………………………………………….
 *Student’s Registration No.*

………………………………………….
 *field of study*

studies of……………… degree/
5-year master's degree\*

form of studies: ………………………..

academic year of commencement/resumption of studies ………………………………….

Dear Deputy Dean

**Assoc. Prof. Jolanta Kumirska, professor of the University**

*Deputy Dean for student affairs*

 **UG Faculty of Chemistry**

*faculty name*

**Student application**

**for permission to repeat a semester**

Based on § 24 section 1 of the UG Rules and Regulations for Studies, I apply for permission to repeat semester ..……..\*\* in academic year ........../........... due to failure in semester ........\*\* in academic year ........../........... of the following courses:

|  |  |  |
| --- | --- | --- |
| No. | Name of course | Form of credit |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

……………………….. ………………………………………………………………...
 *date signature of the student*

**Notes from the employee of the Dean for Students Office**

I confirm the student's failure to pass the courses listed above.

……………………….. ………………………………………………………………...
 *date signature of the employee of the Dean for Students Office*

**Decision of the Deputy Dean responsible for student affairs**

 I grant permission/do not grant permission\* for ……………………………………………………………………… to repeat semester ………….\*\* of studies of academic year ………./………., due to failure to pass the following courses:

|  |  |  |
| --- | --- | --- |
| No. | Name of course | Form of credit |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

The fee for the repetition of a semester is ............... zł. In accordance with the Decree of the Rector of the University of Gdańsk on fees for educational services, the student pays the fee in full by the due date:

 - 14 days from the day on which he/she confirms in writing that he/she has familiarised himself/herself with the content of the permission to repeat a semester, issued by the Deputy Dean acting on the basis of the Rector's authorisation, i.e. within 14 days from the day on which he/she signs the following statement confirming that he/she has familiarised himself/herself with the decision of the Deputy Dean - for students who started studying before the academic year 2021/22.

- 14 days from the date of commencement of the semester in which the Student executes the consent to repeat the semester due to unsatisfactory academic performance - for students who started their studies from the academic year 2021/22.

The fee is paid to the individual account number indicated in the Student's Portal (https://ps.ug.edu.pl) or to the University's bank account.

……………………….. Under the authority of the UG Rector

 *date*

 …………………………………………………...
 *signature of the Deputy Dean for student affairs*

**Student Statement\*\*\***

I hereby declare that I have familiarised myself with the above decision of the Deputy Dean for Student Affairs of the Faculty …………………………………………………………….. and with the rules of repeating a semester resulting from the provisions of the law, including the UG Rules and Regulations for Studies and the decree of the Rector of the University of Gdańsk.

……………………….. ………………………………………………………………...
 *date signature of the student*

\* Cross out where not applicable.
\*\* Indicate the number of the semester for which the student is applying to repeat.

\*\*\* Student signs declaration after being informed of the decision of the Deputy Dean acting under the authority of the UG Rector.