Opole, ……….…………….

|  |  |
| --- | --- |
| Forename and surname: |  |
| Student registration number: |  |
| Year and field of study: |  |
| Telephone number: |  |
| E-mail: |  |
| Address for correspondence: |  |

Dean of the Faculty

of Political Science and Social Communication

**Application for setting an early examination date**

**Pursuant to § 22 of the Rules of Study at the University of Opole (Appendix to uniform text: Resolution No. 167/2020-2024 of the Senate of the University of Opole of 11 April 2022)**, I kindly request an early examination date for the course:

1)…………………………………. lecturer: ……………………..……………

semester of study ........................ in the academic year ..........................................

Proposed early examination date: ……………………………………………………………….

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

Justification for the application: ………………………………………………………………...

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

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

………………………

 Respectfully yours

Dean’s decision:

I give my consent / I do not give my consent\*

\* Delete as appropriate

……………………………….

Date and Dean's signature