Opole, date…………………..

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

dr hab. Adam Drosik, professor of the University of Opole

Dean of the Faculty

of Political Science and Social Communication

**Application for permission**

**to obtain a conditional entry\***

 Pursuant to § 25 of the University of Opole Study Regulations (Appendix to uniform text: Resolution No. 167/2020-2024 of the Senate of the University of Opole of 11 April 2022), I hereby request permission to resit the failed courses and to obtain a conditional entry for the following period:

academic year: ………………………………………………………………………….

semester: ………………………………………………………………………………..

Failed courses:

……………………………………………………………………………………………………/………(ECTS)

\* Proof of payment for failed courses must be attached to the application

Respectfully yours:

………………………………………..

Faculty Dean’s decision:

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