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| znak-AWFACULTY OF ARCHITECTURE POZNAN UNIVERSITY OF TECHNOLOGY | Poznan, date………………………. |

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| ………………………………………………...……………….…  Name and surname  ……………………………………..……….…………….………  Album number  Architecture  Full-time studies 1st cycle/ 2nd cycle\*  Semester 1 2 3 4 5 6 7  ………………………………………………...…………..……  Address for correspondence  …………………………………………………..……..………  Phone number |  | **Vice-dean for Students**  **dr inż. arch. Barbara Świt-Jankowska** |

**APPLICATION TO REPEAT A COURSE**

Due to failure to pass the following subjects:

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in the winter / summer semester in the academic year...................... I declare the need to repeat them in the winter / summer semester in the academic year…………......... I undertake to pay the fee in the amount determined in accordance with the current Regulation of the Rector of Poznan University of Technology on the amounts of fees for classes and for issuing certain documents, to the individual account number provided by the Faculty's Dean's Office.

……………………………………………..

Signature of student

**DECISION**

Pursuant to Paragraph 34 subparagraph 1 of the *Rules of full time, part time, first and second degree studies* (Resolution of the Academic Senate of Poznan University of Technology No. 142/2012-2016 dated 25 March 2015) I hereby give my consent for the above subjects to be repeated.

**JUSTIFICATION**

Decision justification shall be waived pursuant to Article 107 paragraph 4 of the Code of Administrative Procedure.

**NOTICE**

This decision may be appealed to the Rector of Poznan University of Technology within 14 days of receipt of the decision through the Dean of the Faculty of Architecture.