

Student

Warsaw .....

.....  
(name(s) and surname)

.....  
(student's number)

.....  
(field of study, specialization)

.....  
(form of studies –full-time./part-time., form of education-long-cycle/ first-cycle/second-cycle.)

.....  
(year of study, semester)

.....  
(telephone number)

Application submitted on..... Registration No.:.....
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Dean

.....  
.....

(name of the Faculty)  
Medical University of Warsaw

### APPLICATION

I apply for permission **to change the date of the examination in**

.....

and for allowing to Take the examination at the earliest date set by the examiner.

Justification: .....

.....

.....  
Student's signature

I agree to change the date of the examination

.....  
Signature of the Head of the Department

Pursuant to § ..... Study Regulations of the Medical University of Warsaw, introduced by the Resolution of the Senate of the Medical University of Warsaw No. .... of .....

**I agree** to change the date of the examination, provided that the student takes the examination no later than during the examination session in which it is scheduled.

Pursuant to Article. 107 § 4 of the Code of Administrative Procedure, the justification of the decision was omitted, because it fully takes into account the request of the party.

.....  
Date and signature of the Dean

**I don't agree** to change the date of the examination.

Justification: .....

.....

.....  
data i podpis Dziekana

The decision may be appealed against to the Rector of the Medical University of Warsaw within 14 days from the date of delivery of the decision.

I received on: .....

Date and signature of the student