

.....  
*name*

**Field of studies:** .....

**Specialisation:** .....

**Type of studies:** .....

**Year of Studies:** .....

**Index no.:** .....

**Address, phone:** .....

**Dean**

**Faculty of Management**

**University of Lodz**

**APPLICATION FOR**  
**REPETITION OF A SEMESTER / YEAR OF STUDIES**

**(Podanie o powtarzanie semestru / roku studiów)**

I kindly request your permission for **repeating the .....** semester / **..... year of studies** during the  
..... / ..... academic year.

*Justification*

.....  
.....  
.....  
.....

I hereby agree to fulfill all requirements arising from the programme changes within a specified time and date.

I sincerely hope for a favorable answer to my request .

Lodz, .....

.....

*/student's signature/*

**Remarks of the International Office**

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.....  
.....

Lodz, ..... ..

*/signature/*

**Decision of the Dean**

.....  
.....  
.....

Lodz, ..... ..

*/Dean's signature/*

The decision has been announced to the student.

Lodz, ..... ..

*/student's signature/*