

.....
full name of the student

.....
field of study

.....
record book No., year of studies

.....
e-mail

Vice-Dean for Studies

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Application for conditional passing of the semester

I kindly ask for conditional passing of semester in the academic year 20...../20.....
because of failing the following subjects:

No.	Subject	Lectures/Exercises	ECTS
1.			
2.			
3.			

.....
(signature of the student)

Accepted by the Vice-Dean for Studies:

YES

NO

(date, signature and stamp of the Vice-Dean for Studies)