**REQUEST FOR REGISTERING AS A STUDENT OF A HIGHER SEMESTER WITH A PERMISSIBLE ECTS DEFICIT**

Wrocław, on

Student’s name and surname:

Student’s identification number:

Place of residence:

Contact (e-mail address, phone number):

Field of study:

Year of study:

Studies: first-cycle/second-cycle full-time/part-time

**Mr/Ms**

**vice-dean of the Faculty of Letters of the University of Wrocław**

I hereby request for registering me as a student of semester

with the permissible credit deficit which is: ECTS\*.

At the same time, I declare that my total ECTS credit deficit (along with the deficits from the previous semesters) will not exceed 14 ECTS credits.

I hereby request for allowing me to retake the following courses:

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| --- | --- | --- | --- |
| **Course name** | **Couse form (lecture, discussion classes, seminar)** | **Number of hours** | **Payment (PLN 11/1 hour)\*\*** |
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| **Total** |

\* Permissible credit deficit after a semester – maximally up to 6 ECTS

\*\* For studies in English, PLN 17/1 hour

Opinion and signature of the institute’s/chair’s head/vice-head for teaching

Yours sincerely,

(handwritten signature)