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First and Last Name

6 year Medical Doctor Program in English

.....
Year of the studies

.....
Mobile No.

.....
Index No.

Prof. Jerzy Gielecki, MD, PhD
Dean for English Division
University of Warmia and Mazury
in Olsztyn

I kindly ask to give a conditional approval to sign me in for the semester/year of study in the academic year at the 6-year MD program in English, due not passing this subjects:

- 1)
- 2)

I certify that I got credit from all subjects provided in the study plan except subjects mentioned above.

I undertake to pay the required fees for repeating the subjects within the prescribed period.

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/ student signature/