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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | EA |

Name field of study

Annotation from the Dean's office

|  |  |
| --- | --- |
| Submitted: |  |
| Recipient of documents: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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Surname

**Vice Dean for Study**

**of the Faculty of Electrical Engineering**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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student’s ID number semester type of study [[1]](#footnote-1) mode of study [[2]](#footnote-2)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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tel.

## Application for conditional registration/repeated4

I hereby declare that I have not fulfilled the terms of registration for the next semester and I request

for **conditional/repeated** registration for the .............. semester in the **winter 2017/18**. I declare that I know and accept conditions for repeated courses and charging principles applying to these courses and I undertake to pay for the repeated courses as well as to provide proof of payment by the day: 30.10.2017.

*Table 1. Current status of registration and arrearages*

|  |  |  |  |
| --- | --- | --- | --- |
| In the sem 2017L I had registration for the semester: |  | **the deficit of ECTS credits**:[[3]](#footnote-3)  |  |
|  ECTS credits obtained in: |  | Number of arrearages in semester [[4]](#footnote-4): |
| in the current semester: |  | I |  | II |  | III |  |
| in the whole year of studies: |  | IV |  | V |  | VI |  |

*Table 2. The list of courses not passed on time which have been approved for repetition.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Course code | Course name | ECTS | Number of hours r | Semester | Payment for the repeated courses |
| Lc | E/Lb/P |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| I hereby undertake to collect the Dean's decision within one week from the day of submitting this application. | TOTAL |  |

Justification:

 ............................., ……........................ ……………………………

 place, date student’s signature

**Dean's decision**

I decide to re-register/conditionally register4 for the ……………… semester of studies.

 Warsaw, ………………..………………., …………………………………….

 date Dean's stamp and signature

Annotation from the Dean’s office

|  |  |  |  |
| --- | --- | --- | --- |
| Date of entering the data into the iSOD |  | Person entering the data into the iSOD |  |

1. please choose: BSc for the first - level studies; MSc for the second - level studies [↑](#footnote-ref-1)
2. please choose: **Z** for the part-time study, **D** for the full-time study [↑](#footnote-ref-2)
3. Acceptable deficit: full-time studies: 1 – 14; 2 – 18; 4 -24; 6 -16 ECTS; extramural studies: 1 – 10; 2 – 16; 4 -20; 6 -16 ECTS; [↑](#footnote-ref-3)
4. maximum arrearages: full-time studies: after sem 4 – 0 from year I; sem 6 - 0 from year II;

 part-time studies: after sem 4 – 0 from year I; sem 6 – 0 from year I, 1 from II, 3 from III [↑](#footnote-ref-4)