

Toruń, date .....

.....  
Name and surname

.....  
address (street, house number, apartment number)

.....  
address (postal code, city)

.....  
contact telephone number

.....  
field and year of study

.....  
album number

**full-time/part-time studies\***  
**first-cycle/second-cycle studies/ long-cycle M.Sc\***

**Vice-Dean  
for Student Affairs  
Faculty of Philosophy  
and Social Sciences  
Nicolaus Copernicus  
University in Toruń**

**Application for a referral to repeat a year**

I am asking for consent to repeat the ..... year in the academic year 20...../20..... due to failure to pass the exam on time the following subjects (please provide the name of the subject, type and form of classes, number of hours, teacher):

Please provide: name of the subject, type and form of the classes, the semester in which the classes were held and the name of the instructor. Please also specify whether the instructor requires participation in classes:

1. ....
2. ....
3. ....
4. ....
5. ....

I acknowledge that in connection with repeating a year, I may be obliged to make up for program differences.

.....  
Student's handwritten signature

\* delete unnecessary