*Szczecin, ………………….*

*Name and Surname……………………….............*

**Faculty of Medicine and Dentistry**

Major: ……………………………………………….

*Year of studies………………………………………*

*Album no…………………………………………….*

To The Head of ……………………………….. Department

# APPLICATION

I kindly ask for an exemption from the following subject:

..................................................... , semester:…………………., academic year: 20..…/20….

Attachments:

1.

2.

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Student’s signature

# Head of Department’s decision ( with the grade if applicable)

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date signature and stamp

# Dean’s decision

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date signature and stamp