…………………………………................... Sopot, ……………………..

Name and surname

…………………………………………..…

student ID number

……………………………………….….…

field of study, specialization

………………………………………..……

year, semester, group number

**Sabina Nowak, Ph.D**

**Deputy Dean for Student Affairs and Education**

**Faculty of Management, University of Gdańsk**

I would like to apply to study in the next grading period in semester ………………….. (put the number of the semester) in the academic year ……….……… with ECTS points deficit of ………….…. from the subject/subjects\*

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Subject | Assessment/ exam  | ECTS points |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |

I declare that my current points debt is ……………. ECTS points.

 ……………………………….……………….

student’s signature

|  |
| --- |
|  Deputy Dean’s decision: **consent/ lack of consent** for studies with ECTS points deficit Sopot, ………………………….. ………………………………………… Deputy Dean’s signature |