



**UNIWERSYTET MEDYCZNY IM. KAROLA MARCINKOWSKIEGO
W POZNANIU**

Katedra i Zakład Fizjologii

Application date:

Applicant (Student)

Surname and name:

Degree of study/level/year:

ID number E-mail address:

To Course Coordinator

.....
(course name)

.....
(coordinator name)

**APPLICATION FOR ADDITIONAL TEST SITTING
NOT RESULTS FROM THE REGULAR COURSE OF STUDY**

.....
.....
Justification:

.....
.....

Attachments:
.....
.....

.....
Legible signature

Coordinator decision

I do agree / I do not agree * with the additional sitting.

Poznań, day.

.....
Coordinator stamp and signature

* unnecessary delete

The Party not satisfied with this decision may file an appeal within 14 days from the date of notification of this decision.