……………………………………………… Toruń, .................................

*Name and Surname*

# ………………………………………………

*Study program/year*

# ………………………………………………

*Telephone number*

# ………………………………………………

*Student ID*

## Vice-Dean for Students’ Affairs

Of the Faculty of Physics, Astronomy and Informatics

## Request for conditional pass for the next year

I hereby request a conditional pass for …. year of studies in the academic year due to failure to obtain a pass in:

1. The winter semester

1. ........................................................................................................................................................................

*Subject, type of classes, teacher’s name, number of class hours*

……………………………………………………………………………………………………………………………………………………………………

2. .........................................................................................................................................................................

……………………………………………………………………………………………………………………………………………………………………

1. The summer semester

1. .........................................................................................................................................................................

……………………………………………………………………………………………………………………………………………………………………

2. .........................................................................................................................................................................

……………………………………………………………………………………………………………………………………………………………………

.....................................

*Student’s signature*

**Teachers’ opinions** *(defining whether the pass requires re-taking the classes or it can be obtained on the basis of an additional test or works/projects submitted,)*

ad A.1 ......................................................................................................................................................................

ad A.2 ......................................................................................................................................................................

ad B.1 ......................................................................................................................................................................

ad B.2 ......................................................................................................................................................................

**Dean’s decision:**....................................................................................................................................................

Fee for re-taking classes = number of hours × rate\* = ................................

.....................................

***Dean’s signature***

Annex

- Student’s academic record with all relevant entries