APPLICATION

From ……………………………………………………………………………………………..

(Full names)

Faculty number……………………….., Specialty……………….. EQF………………………… Course….…, Form of Education ...... /full-time/ part-time/ ...., e-mail: ...........................………,

Tel.: ……………………………

Dear Mr /Mrs Dean,

Hereby inform you that I would like to sit for examination not passed previous years in the discipline …………………………………………………………………………………………………on …………… (date) ………… , examiner…………………………………… …………………………… …… .

I hereby declare that I have a countersigning by the team that conducted the training.

Enclosed: a scanned copy/ a photo of:

1. My Student Book with a readable name, Faculty number, and countersigning in the discipline;

2. Payment order by the bank for a paid fee for an Individual protocol.

I am aware that my grade will be registered after the cancellation of the State of Emergency and upon presentation of the Student Book and the original of the payment order.

I am aware that for incorrect data I bear criminal responsibility in accordance with Art. 313 of the Criminal Code.

Date…………………  Declarant: ........................................

(Full names)