Kraków, date: …......................................

….....................................................................

first name and surname

…....................................... ….......................

Student Register No  year and cycle of study

….....................................................................

programme, principal field of study

….....................................................................

form of study (full-time/extramural)

….....................................................................

address for correspondence

…......................................................................

telephone number, email address

**Dr hab.**

**Weronika Świerczyńska-Głownia, JU Professor**

**Vice-Dean for Educational Affairs, Faculty of Management and Social Communication**

through

**Mr/Ms**

**……………………………………………………………………….….**

**………………………………………………………………….……….**

**REQUEST FOR**

**consent to resumption of studies**

Pursuant to § 36 (2) of the Regulations for Study at the Jagiellonian University (adopted by the Senate of the Jagiellonian University by Resolution No 25/IV/2019), I hereby request consent to my resumption of the full-time/extramural\* first-cycle/second-cycle/full-cycle programme of study in …………………………………….…………………… …………………………………………………..……………………..………………………..….…., run at the Faculty of Management and Social Communication of the Jagiellonian University in Kraków, with effect from October 1st of the 20….…./20…..….academic year. I further represent that my removal from the register of students was not a disciplinary sanction, that I am applying for resumption of studies for the first time, and that less than five years have passed since the date of my removal from the register of students.

…………………….………………………

(signature of the requesting student)

**Information from the staff member responsible for the management of studies:**

Date and reason for the decision to remove the student from the register: …………………………………………….……………………………

Has the student resumed studies in the past: NO/YES\* (date)…...................................

Is the student’s programme of study still in place: YES/NO\*

…………………………..…..…………………………

(date and signature of the staff member)

|  |
| --- |
| **HEAD’S OPINION** |
| **I endorse the request / I do not endorse the request** – reasons\*:……………………………………………………. date, signature and stamp |
| Programme of study to be resumed: …………………………………………………………….…......................................Year of study to be resumed: ……………………………………Number of ECTS credits to be recognised: ………………………………………..Subjects/modules and associated learning outcomes to be recognised:……………………………………………………..………………...……………………………………………………………………………………………………..……………………………………………………..………………...…………………………………………………………………………………………………….……………………………………………………..………………...…………………………………………………………………………………………………….……………………………………………………..………………...…………………………………………………………………………………………………….……………………………………………………..………………...…………………………………………………………………………………………………….……………………………………………………..………………...…………………………………………………………………………………………………….……………………………………………………..………………...…………………………………………………………………………………………………….……………………………………………………..………………...…………………………………………………………………………………………………….Number of ECTS credits still to be completed: …………………………………………….Subjects/modules and associated learning outcomes, representing curriculum differences, that still need to be completed:……………………………………………………..………………...……………………………………………………………………………………………………..……………………………………………………..………………...…………………………………………………………………………………………………….……………………………………………………..………………...…………………………………………………………………………………………………….……………………………………………………..………………...…………………………………………………………………………………………………….……………………………………………………..………………...…………………………………………………………………………………………………….……………………………………………………..………………...…………………………………………………………………………………………………….……………………………………………………..………………...…………………………………………………………………………………………………….……………………………………………………..………………...……………………………………………………………………………………………………. |
| **DECISION GIVEN BY THE DEAN** |
| **I grant the request /I do not grant the request** – reasons\*:………………………………………………………. date, signature and stamp |