Application was submitted in the dean's office:		
		Załącznik Nr 31
(Date, signature and stamp of employee from the dean's office recei	iving the application)	do Zarządzenia Nr 93/2023
		z dnia 03.07.2023 r.
		stanowiący Załącznik Nr 43 do Zarządzenia Nr 159/2012
		z dnia 19.09.2012 r.
		on
9		
Surname and first name:		
Student register no.:		
Major:		
Specialization:		
Degree:		
Form of studies:		
Date of commencement of studies:		
Year of studies:		
Telephone/email@365,sum,edu,pl domain:		
Address of correspondence:		
same and any contraction		
	Dean of	
	Faculty	
	•	dical University of Silesia
	in Katowi	ce
A DI	PLICATION	
All	LICATION	
I hereby apply for respectfully request to set th	e date of on ex	amination/test*
	e date of on ext	animation test
Justification:		
	• • • • • • • • • • • • • • • • • • • •	
	• • • • • • • • • • • • • • • • • • • •	
Appendices:		
1. Excuse of absence		
2.		
		Student signature
I hereby grant consent/do not grant consent	for to set the d	late of on examination/test on date
grant consens as not grant consent		

Signature of authorized person