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Kielce, on .....

(Name and surname)

Collegium Medicum

(faculty)

Medicine, ....., full-time

(major, year, level, form of the studies)

.....

(Index book no.)

.....

(contact: telephone no., e-mail)

The Dean

of the faculty of .....

.....

(first name and surname)

### PETITION

on consent for examination before a board committee

I kindly ask you to give your consent to an examination before a board committee in the subject/subjects\*:

— ..... kept by .....

— ..... kept by .....

I motivate my request .....

.....

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.....

.....

Yours Faithfully,

.....  
(student's signature)

\* delate if appropriate

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### OPINION OF THE HEAD CONDUCTING A GIVEN MAJOR OF STUDIES

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.....  
(date and signature of the head of the unit)