Opole, date …………………..

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 name and surname

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index no

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 study program

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 year of study degree full-time/part-time study

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 Mobile phone , e-mail

 **DEAN**

 **of** …………………. **Faculty The University of Opole**

**APPLICATION FOR CONDITIONAL PROMOTION**

 I kindly ask for conditional promotion in 20………./20………..academic year from the course:

- ……………………………………………………………conducted by…………………………………………………….

- ……………………………………………………………conducted by……….……….……………………………………

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 (place, date) (student’s signature)

\* Payment confirmation should be attached to the Application