Dąbrowa Górnicza, …………………..

Name and surname: ……………………..

Register number:………………………..

Field of study: …………………………..

Program: First-cycle/ Second-cycle

Mode of study: full-time/part-time

Current semester:……………………… .

Foreign language group:…………………

Phone number:…………………………..

e-mail:……………………………………

**Mrs Anna Szczepaniak**

 **Head of the Department of Foreign Languages**

 **WSB University**

**Application for the exemption from a foreign language course**

I kindly request your approval for the exemption from a foreign language course in the academic year ……./………………..

Justification:……………………………………………………………………………………………

Yours sincerely,

 *(legible signature)*