

**BRANCH CAMPUS (CITY):** **…………………..**

**DATE: …………………..**

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:…………………………………..

**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 ……./………………..

GROUP:

NAME OF THE LANGUAGE TEACHER:

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

Yours sincerely,

 *(legible signature)*