

**Dean’s fairness request**

Administrator’s name:

Administrator’s contact:

Request ID:

**Dear Mrs./Mr. Dean!**

Undersigned

Name of student:

Student ID:

Training:

Faculty:

Programme:

Year of entrance:

Division:

Place of training:

I apply to you with the following request:

Justification:

I acknowledge that I cannot get permission:

* to get signature for the term,
* to permit exams beyond the exams fixed in 55.§ of Studies and Exams Code,
* to elongate the length of studies in state funded financial form,
* to release from training requirements
* for cancellation the consequences of disciplinary penalty

Fairness request so far

* there was no fairness request
* first time: (for what I got)

Certificated:

 referendary of studies

By submitting the request I acknowledge the conditions of Studies and Exams Code concerning my request.

Date: , 20 . month day

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

signature of student

**Permitted / Not permitted**

Date: , 20 . month day

**…………………………………….**

 dean