

REQUEST TO REGAIN QUALITY OF STUDENT

Approved,
DEAN

Endorsed,
International Students Office

TO THE DEAN,

The undersigned, _____,
country _____, passport no. _____,
student in the _____ year of study at the **Faculty of Dentistry**, programme of study – Dental
Medicine, study language in **English**, type of education – with frequency, financing form –
tuition fee paying (CPV / _____), hereby ask that you approve my request to *regain my
quality of student*, quality that was previously lost as a consequence of not paying the tuition
fee for the **academic year** _____ - _____.

I attach the payment proofs herewith.

CONTACT INFORMATION:

Phone number: _____

E-mail: _____

Date
____ / ____ / _____

Signature
