

Dean / Director

(faculty/educational and scientific institute)

(name, surname)

Applicant

(faculty/educational and scientific institute)

(course, group)

(forms of learning)

(name, surname)

A P P E A L S T A T E M E N T

I notify, that I do not agree with the results of the control measure
_____ from the educational component

(type of control measure)

_____,
(the title of the educational component)

because _____

The control measure results of the were announced _____.
(date)

(date)

(signature)