…………………………………….. Wrocław, date…………….

(Surname and name of the Student)

……………………………………..

(Field of study)

……………………………………..

(year and level of studies - 1st cycle/2nd cycle)

……………………………………..

(Student’s ID Number)

……………………………………..

(e-mail of the Student)

**Vice-dean for student affairs and cooperation with the social and economic environment**

**dr hab. Mariola Kuczer**

**Application for leave of absence from classes**

I request a semester/ annual \* leave of absence from classes in the academic year...............................

I request a dean's leave of absence due to (the reason in accordance with § 45 section 5 of the Rules and Regulations for Studies at the University of Wrocław) :

Attachments:

 ………………………………….

 (Student's signature)

\* Delete if not applicable