…………………………………….. 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**

**Statement of resignation from studies**

I hereby declare that as of ............................... I am resigning from my studies in the field of

 (date)

.................................................................. at the Faculty of Chemistry, University of Wrocław

 ………………………………….

 (Student's signature)