Wrocław University of Science and Technology

....., date .....

(place) *(date)*

Full Name: .....
Student ID (Album): .....
E-mail: .....
Address: .....
Faculty: Faculty of Geoengineering, Mining and Geology
Primary Field of Study: .....
Specialization: .....
Year of Study: ....., semester: .....
Mode of Study: full-time / part-time*
Level of Study: 1st cycle (Bachelor's/Engineer's) / 2nd cycle (Master's)*
Profile: General Academic

Dean
Faculty of Geoengineering, Mining and Geology
Wrocław University of Science and Technology

Subject: Application for Dean's Leave / Medical Leave*

In accordance with the Academic Regulations of Wrocław University of Science and Technology, I kindly request permission for a leave of absence from classes for the semester(s) from winter/summer* ..... to winter/summer* .....
(academic year) *(academic year)*

courses to be completed**:
courses to be cancelled**:

Justification: .....
.....
.....

.....
Student's Signature

* Delete as appropriate
** Fill in if applicable