



....., 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 to be granted a Dean's leave with the possibility to undergo verification of learning outcomes specified in the study programme in 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