



Politechnika
Wroclawska

....., Date:

(place of issue)

Name and Surname:

Student ID number:

E-mail:

Address:

Faculty: Faculty of Geoengineering, Mining and Geology

Main field of study:

Specialization:

Year of study:, Semester:

Mode of study: full-time / part-time*

Cycle of study: first-cycle engineering / second-cycle master's*

Profile: General academic

**To: JM Rector
Faculty of Geoengineering, Mining and Geology
Wroclaw University of Science and Technology**

Subject: Reinstatement of Studies for the Purpose of Taking the Diploma Examination

I kindly request permission to resume my studies in the semester:

.....
(student's signature)

* delete as appropriate