



Warsaw,

.....
Name and Surname

.....
Index number

.....
Level of studies/Semester/Field of study

.....
Telephone number/e-mail address

Vice Dean
For Academic Affairs
Daniel Paczesny, PhD.

I hereby apply for granting meleave * in the course of study
in..... semester of/..... academic year.

Substantiation:

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Student's signature

Decision of the Vice Dean for Academic Affairs:

.....
Date, Vice Dean's signature

*) type of leave: health leave, compassionate leave, special leave, unconditional leave