



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 respectfully petition to withdraw me from the following course:

<b>Course's ID/Realization</b>	
<b>Course</b>	
<b>Tutor</b>	
<b>Institute</b>	

Substantiation:

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.....  
*Student's signature*

Opinion of the Institute's Vice Director for Academic Affairs

.....  
*Date, Vice Director's signature*

Decision of the Vice Dean for Academic Affairs:

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