Gdańsk, …….……………………………

………………………………….………………….

*student’s name and surname*

………………………………….………………….

*telephone no., e-mail address*

………………………………….………………….

*student's record book no.*

………………………………….………………….

*form of studies / field of study / specialisation*

………………………………….………………….

*year / semester of studies*

**Barbara Wolnik, PhD**

Deputy Dean for Student Affairs and Education

Faculty of Mathematics, Phisics and Informatics, University of Gdańsk

I would like to apply for the leave from courses of study for a period of winter/summer\* semester in the academic year\*……………………………..…… .

At the same time I commit to make up in the fixed time, after returning from the leave, differences in a program caused by the changes in study plans and programs.

**Explanation of the request:**

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Attachments:

1.

2.

**Deputy Dean for Student Affairs and Education’s decision:**

1. List of differences in program and deadline for making them up are attached to this decision

………………………..…………….……………….……………….

……………………………….……………….

Student’s signature

*\* delete*