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 resumption of my course of study in winter/summer\* semester, in the academic year ……………………………………. .

At the same time, I declare that I will make up the differences in a program caused by the changes in study plans and programs, in the fixed time, in accordance with § 58 section 3 of the Study Regulations of the University of Gdańsk, entered by the University of Gdańsk Senate Resolution 120/19 of September 26, 2019 with amendments.

……………………………….……………….

Student’s signature

*\* delete*