

Case No.:

Wrocław,

Full name:

Student ID No.: Contact phone No.:

Cycle of studies: Year of studies: ... Full-time/part-time:

Field of study:

Correspondence address:

E-mail address:

Dean for Student Affairs
Wrocław University of Economics and Business

Application for resumption of studies

I hereby request approval for the resumption of my studies as of the¹ semester of
/ academic year. I declare that I was removed from the student register in the² semester.

Justification:

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.....
.....

Yours faithfully

.....
signature

Comments of the Office for Student Affairs:

Decision of the Dean for Student Affairs:

date:

signature:

**Indication of the semester from which the resumption of studies shall take effect
(to be completed by the Dean/Vice-Dean):**

date:

signature:

¹ Indicate: winter or summer.

² Indicate: 1, 2, 3, 4, 5, 6 or 7.