**REQUEST FOR REINSTATEMENT ON THE STUDENT LIST AFTER BEING CROSSED OUT**

Wrocław, on ……………..

Student's name and surname:

Student’s identification number:

Place of residence:

Contact (e-mail address, phone number):

Field of study:

Year of study:

Studies: first-cycle/second-cycle full-time/part-time

**Mr/Ms**

**vice-dean of the Faculty of Social Communication and Media of the University of Wrocław**

I am writing to request the cancellation of my removal from the student list and to be re-enrolled for the semester ........................................................................................................................

I justify this request as follows:

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Yours sincerely,

(handwritten signature)