**REQUEST FOR GRANTING THE DEAN’S LEAVE**

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 hereby request for the dean’s leave in the semester

of the following academic year:

My request is justified by the following fact(s):

At the same time, I declare I passed the previous semester, which is the

semester of my studies.

I enclose the following documents:

Yours sincerely,

(handwritten signature)

Opinion and signature of the vice-director of the institute for teaching: