

.....  
Application receipt date

.....  
Applicant's name and surname

.....  
Student record book number:

.....  
Year of studies, semester, field of study, degree\* and form\*\* of studies,

.....  
Mailing address

.....  
Phone number and email

**Dean of the Faculty .....**  
**of Wrocław Medical University**

**APPLICATION**  
**for granting a leave**

I hereby apply for a short-term/long-term\*\*\* leave to be granted, under the rules provided in the Regulation of Studies for the period:  
**from** ..... **to** .....

**Justification:**

.....  
.....

**Enclosures:**

- 1.....
- 2.....
- 3.....

\_\_\_\_\_  
(date and legible signature of the applicant)

**Response to the application**

I hereby grant / do not grant to Mr/Ms .....  
short-term/long-term\*\*\* leave for the period .....

**Justification:**

.....  
.....  
.....

\_\_\_\_\_  
(date, stamp and Dean's signature)

---

\*degree: first-cycle studies (undergraduate), second-cycle studies (graduate), uniform Master's studies  
\*\*form of studies: full-time, part-time  
\*\*\*delete as appropriate