

Wroclaw, Date

.....
Name and surname
(Imię i nazwisko)

.....
Field of study, Year of study
(Kierunek studiów, rok studiów)

.....
Student identification no.
(Numer albumu)

.....
Mobile phone, e-mail
(Telefon kontaktowy, adres e-mail)

prof. dr hab. Dagmara Jakimowicz
Vice-Dean for Teaching
Faculty of Biotechnology, UWr

I kindly request a leave of absence for.....

The reasons for my absence include

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.....

.....

Yours sincerely