

Wrocław, Date

.....
Name and surname

.....
Field of study, Year of study

.....
Student identification no.

.....
Mobile phone, e-mail

prof. dr hab. Dagmara Jakimowicz

Vice-Dean for Teaching

Faculty of Biotechnology, UWr

Pursuant to § 42. subparagraph 3 of the Rules and Regulations of studies at the University of Wrocław, I hereby request for a permission to a reinstatement of the study in the semester, in the academic year/.....

I justify the request by the following

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Yours sincerely,

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