

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)

Resignation

I hereby declare the wish to discontinue my studies in Biotechnology at the University of Wrocław.

I waive the right to appeal the decision of resignation.

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signature