............................................................... Poznan, on ................ 20….....

(Name and surname)

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Student ID No.

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Field of study

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First-/second-degree[[1]](#footnote-1)\*

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Correspondence address

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Phone number

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

E-mail address

 **Dean of**

**Faculty of Control, Robotics, and Electrical Engineering**

**Poznan University of Technology**

 Full-time studies

I request a leave of absence *for courses\*\** till the end of *winter/spring semester\** in the academic year ……...…./……..….. .

Explanation:

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 Signature

1. \*Delete where applicable

\*\*In line with the regulations concerning studies at Poznan University of Technology paragraph 30 [↑](#footnote-ref-1)