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

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

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)