1398040000.441.5.

Łodz,………………………

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

(Student’s name and surname)

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

(Student’s album number)

…………………………………………………………………………….

(Field of studies, speciality)

……………….................................................................

(Year of studies, degree)

**Vice-Dean of Student Affairs**

**Faculty of International and Political Studies**

# **Application for resumption of studies after the academic leave**

I would like to kindly request my consent to resume 1st degree / 2nd degree \* studies in the field of …………………………………………………………............ in the semester …………………….. of 20 ...... / 20 ...... academic year after the academic leave in the semester ……….. of 20……./ 20……… academic year.

At the same time, I undertake to fill in the program differences.

Thank you for considering my request.

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

(student’s signature)

Resolution: I consent/do not consent\* to the resumption of studies after leave in the academic year 20........ / 20....... semester ………………. At the same time, I determine the program differences:

1.

2.

3.

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

(date and signature of the Vice-Dean)

The student was informed about the content of the decision immediately after its issuance by e-mail, to the address with the domain identified with the University of Lodz/in person\* on…………………………

\*delete as appropriate

………….………………..…………………………………….

(stamp and signature of a BOS employee)

The day of delivery of the decision is the day the student is informed about its content. Within 14 days from the decision receiving students may apply to the Rector to reconsider the case. The Rector's decision is final.