............................................................................. - .............................. Opole, ................. 20........

(surname and name) (student no)

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

**Dean's Office Note:**

application submitted on: ..............................

Registry No.: …………………….

…..……………………

(signature of the employee)

(study programme and form - full-time/part-time)

..................... – …................. – ...............................................................

(year of study) (semester) (module)

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

(address)

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

(phone number. e-mail)

**Dean**

**of the Faculty of ………………………………… of the UO**

# REQUEST FOR RESUMPTION OF STUDY\*)

I kindly request permission to resume my studies at the study programme: ................................................................................,

as of ........................... semesterin the academic year 20……/20……

Justification: .......................................................................................................................................................................

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

(student’s legible signature)

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### DEAN’S DECISION:

I agree to the resumption of your studies from the ........................... semester in the academic year 20……./20………

under the following conditions: ................................................................................................................................................................

................................................................................................................................................................................................................. I do not agree to the resumption of your studies from the semester .................... in the academic year 20……/20….…

**Justification:**

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

Opole, ..................... 20...... ...............................................................

(date) (Dean’s signature and stamp)

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**Note:**

You may appeal against this decision to the Rector of the UO, via the Dean, within 14 days from the date of receipt of this decision.

Read and acknowledged

Opole, ................................... ...................................................................................

(date) (student’s legible signature)

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**\*) student book and proof of payment must be attached**